IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION

CARLOS HALL, SR. PLAINTIFF

V. CASE NO. 4:21CV00106 BSM

ERIC S. HIGGINS DEFENDANT

AFFIDAVIT OF EVORA CLARK

Comes the Affiant, Evora Clark, having been duly sworn and states the following while under oath:

1. My name is Evora Clark. I am of legal age and competent to testify to matters in this affidavit.

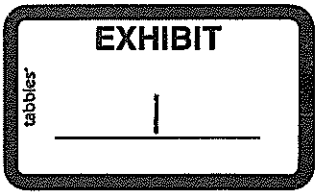
2. I am employed by the Pulaski County Sheriff's Office ("PCSO") as the Administrative Sergeant at the Pulaski County Regional Detention Facility ("PCRDF").

3. In my capacity as Administrative Sergeant at the PCRDF, I am familiar with the facts of this case and have personal knowledge of the facts contained in this affidavit.

4. I am familiar with policies, Branch Directives, and inmate records of Pulaski County. True and accurate copies of those policies, Branch Directives, reports and records are kept in the regular course of PCRDF business.

5. The Plaintiff, Carlos Hall, Sr. ("Hall"), was booked into PCRDF on April 11, 2019, and released on May 20, 2019. A true and correct copy of Hall's April 11, 2019 PCRDF Book-In Sheet is attached hereto as **Exhibit 1-A**.

6. Prior to April 11, 2019, Hall was incarcerated at the PCRDF from January 28, 2019 through February 1, 2019, and from March 28, 2019 through March 29, 2019. A true and correct copy of Hall's Master Book-In List is attached hereto as **Exhibit 1-B**.



7. PCSO contracts with Turn Key Health Clinics, LLC ("Turn Key") to provide medical services to the inmates at the PCRDF which encompasses paraplegic care in the event of a medical need.

8. When a person is booked into PCRDF, he or she goes through an intake medical screening performed by a qualified healthcare personnel. A true and correct copy of PCSO Branch Directive D10-0046 is attached hereto as **Exhibit 1-C**.

9. During the intake medical screening, Turn Key medical personnel ask detainees about his or her illnesses, health problems, medications, and special health requirements. *See* **Exhibit 1-C**.

10. Pulaski County has policies and guidelines in place to ensure the provision of healthcare services to individuals confined at PCRDF. A true and correct copy of PCSO Branch Directive D10-0001 is attached hereto as **Exhibit 1-D**.

11. All deputies at PCRDF receive training including, but not limited to: administering first aid; recognizing disabling conditions; obtaining medical assistance; and referring inmates to health professionals. A true and correct copy of PCSO Branch Directive D10-0042 is attached hereto as **Exhibit 1-E**.

12. During the intake screening, each detainee is assessed by medical to determine if they meet special needs criteria, which includes physical disabilities. A true and correct copy of PCSO Branch Directive D10-0033 is attached hereto as **Exhibit 1-F**.

13. PCRDF maintains a policy for the accommodation of disabled inmates. A true and correct copy of PCSO Branch Directive D10-00040 is attached hereto as **Exhibit 1-G**.

14. PCRDF maintains a grievance policy. A true and correct copy of PCSO Branch Directive D05-0001 is attached hereto as **Exhibit 1-H**.

15. A true and correct copy of Hall's Miscellaneous Booking Report is attached hereto as **Exhibit 1-I**.

16. A true and correct copy of Hall's April 24, 2019 Grievance, received on April 25, 2019, is attached hereto as **Exhibit 1-J**.

17. A true and correct copy of Hall's May 4, 2019 Grievance, received on May 6, 2019, is attached hereto as **Exhibit 1-K.**

18. A true and correct copy of Hall's May 9, 2019 Grievance, received on May 14, 2019, is attached hereto as **Exhibit 1-L**.

19. A true and correct copy of Hall's May 10, 2019 Grievances, received on May 14, 2019, are attached hereto as **Exhibit 1-M**.

20. A true and correct copy of Hall's May 12, 2019 Grievance, received on May 14, 2019, is attached hereto as **Exhibit 1-N**.

21. A true and correct copy of Hall's May 13, 2019 Grievance, received on May 20, 2019, is attached hereto as **Exhibit 1-O**.

22. A true and correct copy of Deputy Hill's May 16, 2019 Incident Report is attached hereto as **Exhibit 1-P**.

23. A true and correct copy of Hall's May 18, 2019 Grievance, received on May 20, 2019, is attached hereto as **Exhibit 1-Q**.

24. A true and correct copy of Hall's May 18, 2019 Grievance, received on May 21, 2019, is attached hereto as **Exhibit 1-R**.

25. A true and correct copy of Hall's May 19, 2019 Grievance, received on May 20, 2019, is attached hereto as **Exhibit 1-S**.

26. A true and correct copy of Hall's Inmate Location Report is attached hereto as **Exhibit 1-T**.

FURTHER, AFFIANT SAYETH NOT.

Evora Clark

Evora Clark, Affiant

VERIFICATION

SUBSCRIBED AND SWORN TO before me, a Notary Public, on this 5th day of May, 2022.

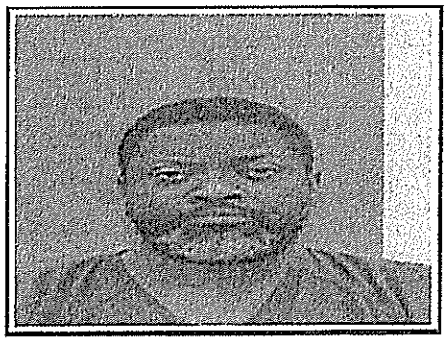
MATTHEW ARIVETTE
HOT SPRING COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires June 19, 2027
Commission No. 12701426

NOTARY PUBLIC

My Commission Expires:

6-19-2027

LITTLE ROCK
(501)340-6600
FAX



NAME: HALL,CARLOS CORTEZ
ALIAS:
DOB: [redacted]
DLN:
SSN:
SID #:
FBI #:
GENDER: M
RACE: B
HEIGHT: 507
WEIGHT: 155
HAIR: BLK
EYES: BRO

CELL # H/C-153
U-306
W-3-2
W-3-2
W-3-2
W-3-2
W-1-1
W-1-1
W-1-1

BOOKING # 5865-19*1 SO # 58884 BASKET #

BOOKING DATE: 04/18/2019 TIME: CLASSIFICATION:
ARREST DATE: 04/11/2019 RELEASE DATE: 05/20/2019 RELEASE TYPE: PER SPEED LETTER
ADDRESS: [redacted] CITY: LITTLE ROCK STATE/ZIP: AR]
HOME PHONE: OTHER PHONE: 501[redacted]
ARRESTING OFFICER: BOOKING OFFICER: COFFMAN,NATHANIEL
HOLDS:

OFFENSE #1: HOLD FOR COURT WARRANT# LRTR 19-4494/19-4495/19-1349/18-12961/17-11774/18-1647 CASE#

RIGHTS: BOND:
FINE:

DISPOSITION: REL PER SPD LTR 5/20/19 2464///BOND AND COURT DTE SET PER SPD LTR 5/9/19 VR 4222
COURT: LITTLE ROCK DIS TRAF CT COUNTY: PULASKI
COMMENTS: COURT DATE: 05/09/2019 COURT TIME:

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Cancel | Help |

Bookin Master List from SO Number-Inquiry

Select	Booking #	Name	Booking Date	Jail Status	Release Date
	5865-19*1	HALL,CARLOS CORTEZ	04/18/2019	RELEASED - PER SPEED LETTER	05/20/2019
	5865-19	HALL,CARLOS CORTEZ	04/11/2019	RELEASED - SPECIAL - RED TAG	04/16/2019
	5100-19	HALL,CARLOS CORTEZ	03/28/2019	RELEASED - CITED OUT	03/29/2019
	1657-19	HALL,CARLOS CORTEZ	01/28/2019	RELEASED - PER SPEED LETTER	02/01/2019
	18745-18	HALL,CARLOS CORTEZ	11/02/2018	RELEASED - CITED OUT	11/03/2018
	16468-18	HALL,CARLOS CORTEZ	09/25/2018	RELEASED - CITED OUT	09/25/2018
	5079-18	HALL,CARLOS CORTEZ	03/26/2018	RELEASED - PER SPEED LETTER	03/27/2018
	10084-17	HALL,CARLOS CORTEZ	06/15/2017	RELEASED - BONDED OUT	06/29/2017
	2411-17	HALL,CARLOS CORTEZ	02/09/2017	RELEASED - BONDED OUT	02/14/2017
	18763-16	HALL,CARLOS CORTEZ	10/01/2016	RELEASED - BONDED OUT	10/01/2016
	9391-15	HALL,CARLOS CORTEZ	05/17/2015	RELEASED - PER SPEED LETTER	05/18/2015
	16135-12	HALL,CARLOS CORTEZ	08/16/2012	RELEASED - BONDED OUT	08/17/2012
	3859-11	HALL,CARLOS CORTEZ	03/14/2011	RELEASED - BONDED OUT	03/21/2011
	3419-11	HALL,CARLOS CORTEZ	03/07/2011	RELEASED - BONDED OUT	03/09/2011
	853-10	HALL,CARLOS CORTEZ	01/20/2010	RELEASED - PER SPEED LETTER	02/16/2010
	14299-09	HALL,CARLOS CORTEZ	11/06/2009	RELEASED - BONDED OUT	11/19/2009
	10535-09	HALL,CARLOS CORTEZ	08/13/2009	RELEASED - BONDED OUT	09/01/2009
	8168-07	HALL,CARLOS CORTEZ	07/22/2007	RELEASED	05/19/2008
	6730-07	HALL,CARLOS CORTEZ	06/16/2007	RELEASED	06/18/2007
	5378-07	HALL,CARLOS CORTEZ	05/19/2007	RELEASED	05/27/2007
	1907-07	HALL,CARLOS CORTEZ	02/20/2007	RELEASED	02/21/2007
	5417-06	HALL,CARLOS CORTEZ	05/21/2006	RELEASED	01/12/2007
	16889-05	HALL,CARLOS CORTEZ	08/27/2005	RELEASED	09/01/2005
	22076-02	HALL,CARLOS CORTEZ	10/02/2002	RELEASED	10/04/2002
	11831-02	HALL,CARLOS CORTEZ	05/22/2002	RELEASED	06/25/2002
	16704-99	HALL,CARLOS	07/07/1999	RELEASED	07/07/1999
	15902-99	HALL,CARLOS	06/28/1999	RELEASED	06/28/1999
	24700-98	HALL,CARLOS	10/20/1998	RELEASED	10/20/1998
	12615-98	HALL,CARLOS	05/29/1998	RELEASED	05/30/1998
	12437-98	HALL,CARLOS	05/27/1998	RELEASED	05/28/1998
	9033-98	HALL,CARLOS	04/17/1998	RELEASED	05/20/1998
	6879-98	HALL,CARLOS	03/23/1998	RELEASED - BONDED OUT	03/23/1998
	3330-98	HALL,CARLOS	02/07/1998	RELEASED - CITED OUT	02/07/1998
	27392-97	HALL,CARLOS	12/01/1997	RELEASED - CITED OUT	12/01/1997
	20982-97	HALL,CARLOS	09/13/1997	RELEASED	09/14/1997
	13946-97	HALL,CARLOS CORTEZ	06/22/1997	RELEASED	06/23/1997

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Office of the
Pulaski
County
Sheriff

BRANCH DIRECTIVE

Subject: INTAKE MEDICAL SCREENING		Effective Date: 02/10/03 Revised: 10/09/06
Distribution: All Personnel	Reference: N/A	Pages: 03
Responsible Authority: Chief of Detention		
ARKANSAS STDS: See Index AR. STATUTE: See Index NCCHC: See Index ACA STANDARDS: See Index		

I. PURPOSE: To establish guidelines for the development and implementation of a written intake medical screening to include inquiry, observation and medical disposition of the inmate.

II. POLICY:

A. The written policy, procedure and practice of the Pulaski County Regional Detention Facility will require that a medical, dental, and mental health screening is performed by qualified health care personnel on all inmates received at the facility.

B. All findings will be recorded on a form approved by the health authority.

C. Tests results, particularly for Tuberculosis (TB) will be received and evaluated.

III. PROCEDURES:

A. Receiving Screening (Medical Intake Screening)

1. Receiving Screenings will be performed by qualified health care personnel on all inmates upon their arrival at the facility before the intake process is completed and reviewed by the Intake Supervisor.

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2. In accordance with the Rules and Regulations of the Arkansas State Board of Health pertaining to the Control of Communicable Diseases all inmates who are expected to be incarcerated for fourteen (14) days or more will receive tuberculosis screening and will also receive tuberculosis prevention instructions.

3. All findings are recorded on a form approved by the health authority and will include at least the following:

   a. Inquiry into:

      1) current illness and health problems, including venereal diseases and other infectious diseases, i.e. tuberculosis
      2) dental problems
      3) mental health problems
      4) allergies
      5) medications taken and special health (including dietary) requirements
      6) for women, current gynecological problems and pregnancy
      7) use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date and time of last use, and history of any problems that may have occurred after ceasing use (e.g., convulsions)
      8) past and present treatment of hospitalization for mental disturbance or suicide
      9) other health problems designated by the responsible physician

   b. Observation of:

      1) behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
      2) body deformities, ease of movement, etc.
      3) persistent cough or lethargy; and, condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse

   c. Medical disposition of inmate:

      1) general population OR
      2) general population with prompt referral to appropriate health care service OR

3) referral to appropriate health care service for emergency treatment
4) documentation of the date and time when referral/placement actually takes place

4. Whenever an inmate refuses his/her medical screening during the intake process, the nurse on duty will notify an intake deputy.

5. The intake deputy will give the inmate a direct order to accomplish the medical screening.

   a. If the inmate still refuses he/she will be placed in Administrative Segregation on isolation and disciplinary charges will be filed.

6. The intake nurse will accomplish a visual inspection of the inmate and document any observations.

7. Whenever an inmate refuses to complete the receiving medical screening a court order will be obtained to have the inmate comply with the Tuberculosis (TB) testing.

IV. REPEALER:

This policy supersedes and rescinds all previous policies regarding this topic.

_____
Randy Morgan
Chief of Detention

__10__/_17__/_06__
Date

Office of the Pulaski County Sheriff

BRANCH DIRECTIVE

Subject: RESPONSIBLE HEALTH AUTHORITY		Effective Date: 01/01/03 Revised: 10/09/06
Distribution: All Personnel	Reference: D01-0001	Pages: 02
Responsible Authority: Chief of Detention		
ARKANSAS STDS: See Index AR. STATUTE: See Index NCCHC: See Index ACA STANDARDS: See Index		

I. PURPOSE: To establish authority and responsibility for the operation of the Medical Services Division of the Pulaski County Sheriff's Office Regional Detention Facility.

II. POLICY:

A. The responsible health authority for P.C.R.D.F. is the Medical Director contracted by the Pulaski County Sheriff's Office.

B. The responsibility for providing and coordinating all medical services rests with the Pulaski County Sheriff's Office, Chief of Detention.

C. The Medical Administrator designated by Pulaski County is responsible for the over all operation of the health service program.

D. The Medical Administrator and Medical Director positions will be governed by written job descriptions.

1. Both will work in conjunction with the health care team to ensure delivery of all appropriate medical services.

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III. REPEALER:

This policy supersedes and rescinds all previous policies regarding this topic.

_____
Randy Morgan
Chief of Detention

__10__/_17__/_06__
Date

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Branch Directive D10-0042

Office of the
Pulaski
County
Sheriff

BRANCH DIRECTIVE

Subject: TRAINING FOR DEPUTIES		Effective Date: 01/01/03 Revised: 10/09/06
Distribution: All Personnel	Reference: D10-0002	Pages: 02
Responsible Authority: Chief of Detention		
ARKANSAS STDS: See Index AR. STATUTE: See Index NCCHC: See Index ACA STANDARDS: See Index		

I. POLICY:

A. P.C.R.D.F will establish and maintain a health related training program for deputies who work with inmates.

1. The program will be approved by the responsible physician in cooperation with Chief of Detention who guides the overall training of deputies.

2. Training will be ongoing with each officer trained at least every two years.

II. PROCEDURE:

A. The Medical Administrator, the physician, and the Chief of Detention or designee will meet initially and periodically to determine and review the content of deputy health related training.

B. The physician is responsible for approving all health related training provided to deputies.

C. Training will include but not be limited to:

1. Administration of first aid.

a. Recognizing the need for emergency care in life-threatening situations.

b. Recognizing acute manifestations of chronic illnesses.

c. Recognizing mental or disabling conditions.
d. Suicide prevention.
e. Precautions and procedures with respect to infectious and communicable diseases.
f. Cardiopulmonary resuscitation
g. Methods of obtaining medical assistance and referring of inmates to health professionals.
h. Health related training will be provided by the Medical Department.
i. All training received by deputies will be documented, and maintained as outlined in P.C.R.D.F. policy D01-0004.

III. REPEALER:

This policy supersedes and rescinds all previous policies regarding this topic.

_____
Randy Morgan
Chief of Detention

__10__/_17__/_06__
Date

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Branch Directive D10-0033

Office of the
Pulaski
County
Sheriff

BRANCH DIRECTIVE

Subject: SPECIAL NEEDS TREATMENT PLANS	Effective Date: 01/01/03 Revised: 10/09/06
Distribution: All Personnel Reference: D10-0006	Pages: 02
Responsible Authority: Chief of Detention	
ARKANSAS STDS: See Index	
AR. STATUTE: See Index	
NCCHC: See Index	
ACA STANDARDS: See Index	

I. PURPOSE: To ensure appropriate treatment plans are created by the Medical Services Division for any inmate with special needs.

II. POLICY: At P.C.R.D.F. inmates found to have special needs will have a written treatment plan specifying the particular course of therapy. The Special Needs Treatment Plan will specify type of housing, work assignments, program participation, and medical care that will be provided.

Care for individuals with special needs will be ongoing and will require closer medical supervision and/or multidisciplinary care.

III. PROCEDURES:

A. Inmates found to have special needs will have a special needs treatment plan developed to meet the individual's needs.

B. Special needs patients include:

1. The chronically ill (e.g. asthma, heart disease, diabetes, hypertension, COPD, etc.)
2. Those with communicable diseases (e.g. TB, HIV)
3. Frail and/or elderly
4. The physically handicapped (e.g. amputation, paraplegia)
5. Those with mental health needs
6. The developmentally disabled

7. The terminally ill
8. Pregnant females

C. During the intake screening the nurse will assess each inmate and determine if they meet the special needs criteria.

D. If the inmate is determined to have special needs, the nurse will arrange for a follow up evaluation by the physician or nurse practitioner.

1. This evaluation will determine where the inmate will be housed, work assignment, program assignment and medical care plan.

E. Special instructions concerning diet, housing, exercise and other needs will be communicated to the Detention staff.

F. A written individualized treatment plan will be completed for each special needs patient.

1. These will be developed collaboratively between the physician, nurse practitioner, nurses, and mental health staff.

G. The special needs treatment plan will specify the course of therapy, and roles of each level of provider who will be involved in the patient's care.

1. It will also include short and long term goals and plans by which goals will be pursued.

H. The physician or designee will evaluate all special needs patients on a continuous basis.

1. The physician will perform a follow up assessment at least every 90 days.

IV. REPEALER:

This policy supersedes and rescinds all previous policies regarding this topic.

__10__/_17__/_06__
Date

Randy Morgan
Chief of Detention

Branch Directive D10-0040

Office of the
Pulaski
County
Sheriff

BRANCH DIRECTIVE

Subject: ACCOMMODATION OF DISABLED INMATES		Effective Date: 10/01/98 Revised: 01/01/03 10/09/06 Previous Number: 10-0006
Distribution: All Personnel	Reference: N/A	Pages: 05
Responsible Authority: Chief of Detention		
ARKANSAS STDS: See Index AR. STATUTE: See Index NCCHC: See Index ACA STANDARDS: See Index		

I. PURPOSE:

A. To establish guidelines for the proper housing and handling of inmates in the Pulaski County Regional Detention Facility who have a disability or impairment.

II. POLICY:

A. Handicapped inmates are housed in a manner that provides for their safety and security.

B. Rooms, cells or housing units used by the handicapped are designed for their use and provide for integration with the general population.

C. Appropriate facility programs and activities are accessible to handicapped inmates confined in the facility.

III. PROCEDURES:

A. ASSESSMENT OF DISABILITY:

All inmates will have an individualized assessment of their needs during the admission process as part of their intake medical screening.

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B. This assessment will be conducted by the Intake medical staff.

1. If the inmate has a disability that affects his/her ability to function within the facility, the Intake medical provider will make note of the individual's infirmity and inform the on-duty Watch Commander of the type of accommodations the inmate requires.

   a. Wheel Chair
   b. Cane / Crutches
   c. Deaf / Mute
   d. Artificial limbs
   e. Etc.

2. The Watch Commander shall order such accommodations as are reasonable for or to the particular circumstances.

3. In determining what constitutes a reasonable accommodation under any particular circumstances, the need for institutional security **will not** be compromised.

4. A claim of disability or impairment by an inmate does not require that special privileges be afforded to the inmate.

C. HOUSING:

1. An inmate with mobility impairment or with other special needs should have priority for placement in a cell equipped for handicapped persons.

2. If the inmate has a device which is essential to the ability of the inmate to function (such as a wheelchair or crutches), the inmate will retain the device unless security considerations forbid it.

   a. The device will be returned as soon as security considerations allow.

D. TRANSPORTATION:

1. Inmates who can not board transportation vehicles without assistance shall be transported by contract carriers in vehicles designed to lift and transport mobility impaired persons.

2. If such transportation is not available, the inmate shall be transported by car.

E. VISITATION:

1. If an inmate cannot access visitation areas due to mobility impairment, an alternate accessible visitation area will be arranged and should be designed to afford reasonable conditions for visitation.

F. PROSTHETIC DEVICES:

1. Glasses:

a. Prescription glasses may be brought to the facility for an inmate by a family member.

1) These may be left at the Visitation Booth from which they will be labeled with the inmate's name and unit/room assignment.
2) The glasses will be picked up by Inmate Services and taken to the Medical Services Division where medical personnel will authorize the inmate to receive the glasses.
3) At this time, Inmate Services personnel will deliver the glasses to the inmate and receipt the delivery.

b. Replacement/repairs will be coordinated through Inmate Services with the inmate's family, upon written request by the inmate.

2. Hearing Aids:

a. These may be left at the Visitation Booth from which they will be labeled with the inmate's name and unit/room assignment.

1) The hearing aids and batteries (in a sealed package) will be picked up by Inmate Services and taken to the Medical Services Division where medical personnel will authorize the inmate to receive them.
2) At this time, Inmate Services personnel will deliver the hearing aids and batteries to the inmate and receipt the delivery.

b. Replacement/repairs will be coordinated through Inmate Services with the inmate's family, upon written request by the inmate.

3. Dental Appliances:

a. Dental appliances may be brought to the facility for an inmate by a family member.

1) These may be left at the Visitation Booth from which they will be labeled with the inmate's name and unit/room assignment.
2) They will be picked up by Inmate Services and taken to the Medical Services Division where medical personnel will authorize the inmate to receive them.
3) At this time, Inmate Services personnel will deliver the appliance to the inmate and receipt the delivery.

b. Replacement/repairs will be coordinated through Inmate Services with the inmate's family, upon written request by the inmate.

G. OTHER DISABILITY COMPENSATION DEVICES:

1. Deaf / Mute:

a. When an inmate is seen in Intake and determined to be hearing and/or speech impaired, the medical provider will place notification in the box labeled Inmate Services within the Intake Sergeant's Office.

b. Inmate Services will check the box daily and each inmate listed will immediately receive the following:

1) Writing materials (paper and pencil) to communicate.

2) Access to the TTY phone. (during evening and nights, the Shift Sergeants can access the TTY phone in the Inmate Services area.)

c. Inmate Services will maintain a list of Sheriff's Office Employees who are capable of American and/or International Sign language who can be contacted when an inmate arrives who needs this service.

H. NON-ENGLISH SPEAKING INMATES:

1. Inmate Services will maintain a list of Sheriff's Office Employees who speak a foreign language who can be contacted when an inmate arrives who does not speak English.

I. NEEDS ASSESSMENT UPDATES:

1. The needs of these inmates will be assessed, by Inmate Services, at not less than a two week interval during the course of their confinement in the facility.

IV. REPEALER:

This policy supersedes and rescinds all previous policies regarding this topic.

Randy Morgan
Chief of Detention

__10__/_17__/_06__
Date

Branch Directive D05-0001

Office of the
Pulaski
County
Sheriff

BRANCH DIRECTIVE

Subject: INMATE GRIEVANCE PROCEDURES		Effective Date: 04/19/99 Revised: 07/10/02 12/01/02 10/09/06
Distribution: All Personnel	Reference: D02-0012 D05-0002	Pages: 14
Responsible Authority: Chief of Detention		
ARKANSAS STDS: See Index AR. STATUTE: See Index ACA STANDARDS: See Index		

I. PURPOSE: To set forth a process for the effective resolution of inmate grievances that complies with the direct supervision concept of management and with state and nationally recognized standards.

II. POLICY: Inmates confined at the Pulaski County Detention Facility will be permitted to file grievances/appeals and will be assured of written responses from facility officials in a timely and orderly manner without fear of reprisal or prejudice.

III. NECESSITY:

An inmate grievance procedure mechanism reduces the need for litigation and affords staff the opportunity to improve Detention operations.

IV. DEFINITIONS:

A. Grievance:

1. A written complaint by an Inmate on the inmate's own behalf(NOTE: An **inmate cannot grieve on behalf of another inmate**) regarding one of the following:

a. Actions taken by staff or other inmates that have the effect of depriving the inmate of a right, service, or privilege.

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b. Allegations of abuse, neglect, or mistreatment by staff or other inmates.

c. Any other matter the inmate believes to be illegal, a violation of department rules and regulations, or unconstitutional treatment or condition.

B. Non-Grievable Items:

1. The following matters are considered non-grievable and will be addressed through other means:

a. Disciplinary actions (refer to Policy DO5-0002, "Inmate Disciplinary Procedures").
b. State and Federal Court decisions.
c. State and Federal laws and regulations.
d. Complaints regarding release, transfer, matters excluded by administrative directives or other matters beyond the control of facility personnel.

V. PROCEDURES:

A. Guidelines:

1. Administrative directives establishing procedures will be set forth.
2. Procedures shall, at a minimum provide for the following:

a. inmate notice of the grievance process;
b. timely, effective and impartial processing of grievances;
c. an appeals process;
d. appropriate documentation of grievance activity; and
e. speedy disposition of emergency situations, with security and safety the paramount concern.

3. Use of the grievance procedure shall occur without restraint, coercion, discrimination, interference or reprisal. Violation of this guideline shall result in prompt and decisive disciplinary action.

B. Notification of the Inmate Grievance System to Inmates

1. A summary of the inmate grievance system will be included in the Inmate Handbook and provided to inmates at the time of their admission to the facility.

a. For inmates who are illiterate or disabled, every effort will be made to explain the policy on an individual basis.

b. If an inmate is non-English speaking (Spanish), an interpreter may also be made available.

2. All employees at the unit level shall receive training by the Facility Training Section in the skills necessary to assist or participate in the grievance procedures.

C. **Accessibility:**

1. Any inmate shall be entitled to invoke the grievance procedure regardless of their security or job classification, disciplinary status, or administrative or legislative decisions affecting the inmate.

a. **Copies:**

1) Copies of this policy shall be available for examination in the facility law library.

2. **Forms Location:**

a. The forms shall be made available in each unit, and when completed, be deposited in locked grievance boxes located in an accessible place within each unit.

b. Any inmate, who is restricted or physically unable to personally access a grievance box, may request staff to deposit the grievance.

c. Staff will assist disabled or restricted inmates as promptly as their duties allow.

D. **Remedies:**

1. A grievance with merit will be afforded a reasonable range of meaningful remedies.

a. The responsible authority will review conditions, policies or practices grieved and take appropriate action.

2. The facility is to encourage the resolution of grievances found to have merit involving property loss, confiscation or forfeiture through the return of the property, or restitution.

3. **Records may be corrected and action by the staff or classification committees may be modified as appropriate.**

E. **Steps of the Grievance Procedure:**

1. **Initiation:**

a. Inmates should first attempt to verbally resolve grievances, incidents, problems or complaints through the unit deputy.

b. If the problem cannot be resolved informally, the inmate may file a written grievance on the Grievance Form (Attachment #1).

c. Grievances must be filed within fifteen (15) days after the grievance occurrence with the Grievance Officer or designee.

d. The problem should be stated as briefly and clearly as possible.

e. Each grievance filed should only address one (1) problem.

NOTE: **Once an inmate initiates the grievance process, review of the grievance shall occur without interference by administrators or employees of the institution. Anytime an inmate voluntarily decides to withdraw a grievance he/she shall notify the Grievance Officer, in writing.**

2. **Initial Processing:**

a. Completed grievance forms which are deposited in the grievance and mail boxes shall be collected daily, excluding weekends and holidays and delivered to the Grievance Officer or designee who shall:

1) Assign a number to the grievance
2) The date grievance was received
3) List name and book-in number of the grievant, and log sufficient information to obtain the nature of the complaint.

b. Determine whether the grievance:

1) States an emergency situation; or

   a) Grievers may declare emergency situations only if they believe that by observing the regular time limits for disposition, they would be subject to a substantial risk of personal injury or other serious and irreparable harm.

   b) Grievers may indicate the existence of an emergency by marking the box provided on the grievance form, and filing the grievance form in the usual manner or by personally delivering it to any officer or employee of the facility who shall sign the attached emergency receipt, and give the receipt to the inmate immediately (in no case longer than twenty-four (24) hours).

   c) That staff member shall immediately notify his/her supervisor or deliver the grievance to Watch Commander or designee.

   d) In cases where the grievant declares an emergency, and an emergency situation clearly does not exist, that grievance may be treated as an abuse of the grievance procedure and the inmate shall be subject to the disciplinary process.

   e) The Watch Commander will notify the grievant and advise what action is being taken and approximate time for response.

   f) If a grievance has been determined to be an emergency grievance, it shall be given priority at all levels of review in order to ensure an immediate and meaningful solution.

2) If the grievance is not an emergency it should be processed within normal guidelines as stated herein. (Includes grievances where an emergency situation is declared by the grievant but is not determined as such by the Grievance Officer or Watch Commander or designees).

a) The Grievance Officer or Watch Commander or designees will note whether the grievance is medical and whether it is an emergency on non-emergency on the grievance and forward it to the Medical Section for review.

- See section 1. Abuse of Grievance Procedure.

b) If the grievance is medical, it is forwarded to the Medical Section unless Medical personnel (i.e.; nurses, doctor, etc.) are a named party, in which case it is forwarded to the Director of the Medical Section.

c) If a grievance is received in an unsanitary condition, that grievance shall be photographed and logged as such and/or held as evidence for appropriate disciplinary action.

3. **Initial Decision or Response:**

a. **Response Time:**

1) Within ten (10) working days of receipt (or less, if required in emergency situations), every grievant shall receive a written response to his/her grievance signed by the Grievance Officer or designee.

2) Responding authorities are encouraged to respond as quickly as the information needed to do so is available.

3) In cases where a longer period of time is required for a response or resolution of the problem, the grievant shall be so notified in writing of the reason for the delay and its expected length.

b. **Responses shall:**

1) State the reason for the decision, in clear well-reasoned terms.

c. **Allegations of Abuse:**

1) Any credible grievance alleging excessive force, sexual contact, assault or similar physical or emotional abuse of an inmate will be cause for an investigation.

2) If the results of that investigation lead to reasonable suspicion that abuse has occurred, then the grievance and all relevant documentation shall be forwarded to the Chief of Detention.

4. Appeal:

a. **The Chief of Detention:**

1) If after being responded to by the Grievance Officer or designee, the inmate is not satisfied, he or she may appeal within ten (10) working days.

2) The Chief of Detention will attempt to resolve the matter or assign a staff member to do so.

3) The appeal should be written on the original form in the section entitled Inmate's Appeal (Attachment #2) and returned to the Grievance Box.

b. The Chief of Detention or designee will respond in writing to the inmate concerning the decision within five (5) working days.

1) This is the final level of the appeal process.

2) In cases where a longer period of time is required for a response or resolution of the problem, the grievant shall be so notified in writing of the reason for the delay and its expected length.

c. The Chief of Detention may intervene at any level of the grievance process.

1) The entire grievance procedure must be completed within thirty (30) working days unless a valid extension has been agreed upon, or it can be documented that unforeseen circumstances have occurred (such as absence or illness of respondents, documents lost in the mail, or other causes which are outside the control of the parties).

NOTE: Release of the inmate from custody will normally terminate his/her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed.

F. Matters not Grievable:

1. The following matters are not grievable:

a. Trustee job assignments.
b. Release matters.
c. Unit Housing Assignments.
d. Disciplinary matters.
e. State and Federal case law, laws or regulations.
f. Anticipated events (i.e.; scheduled events or activities which may occur in the future).
g. Matters beyond the control of the Pulaski County Detention Facility.
h. Requests for disciplinary action against employees.
i. Claims for monetary damages.
j. Administrative Directives.
k. Group Petitions.

G. Abuse of the Grievance Procedure:

1. Abuse of the grievance procedure by inmates will be dealt with in the following manner:

a. Excessive use of the procedure:

1) Excessive is defined as the submission of numerous or redundant grievances beyond that which is considered reasonable.

2) If an inmate submits numerous grievances on the same subject, only the first grievance received will require an investigation and response.

3) All others will be logged in and reviewed to determine if an emergency exists.

4) If no emergency exists, the grievance will be logged out on the same day received and it shall be written on the grievance that "no further action is necessary" and it will be dated and initialed.

5) The original grievance will then be placed in the grievance file and no written response given.

b. **Frivolous and vexatious use of the procedure:**

1) FRIVOLOUS means a grievance which is clearly insufficient on its face is readily recognizable as devoid of merit or does not provide a sufficient basis for appeal.

2) VEXATIOUS means a grievance which agitates, harasses or irritates by petty provocation and is not designed to lead to any practical result.

3) Frivolous or vexatious grievances will be processed as "without merit" and returned to the grievant after being properly logged.

c. **Use of Indecent or Vulgar Language:**

1) Inmates who use the grievance procedure to direct threats, or indecent or vulgar language at another person shall receive the appropriate disciplinary action.

d. **Malicious Use of the Procedure:**

1) Any inmate who knowingly makes false statements to staff personnel for the purpose of harming another person may be charged with the appropriate disciplinary offense.

2) If the investigation does not reveal any evidence that substantiates the allegations, the ranking investigating officer will determine whether disciplinary charges are filed on the inmate.

3) It will be their responsibility to prepare and serve the inmate with the appropriate disciplinary charges.

4) The accused staff member will not be allowed to participate in any investigation involving them.

5) Nor will they be part of any resulting disciplinary actions against the inmate.

H. **Reprisals:**

1. **Prohibition:**

a. No grievant shall suffer any action or threat of action based on his/her appropriate use of or participation in the grievance procedures. Such behavior is absolutely prohibited, and will be dealt with accordingly.

2. **Prevention:**

a. In addition to the initial and periodic training of facility personnel in the grievance procedures, all personnel shall receive written and oral notice that formal and/or informal reprisals will not be tolerated.

b. The Training Section will implement a training program in reference to grievances.

c. The training shall be mandatory for all personnel involved in the grievance process.

3. Remedies:

a. If reprisal/retaliation is suspected and/or determined after the investigation, the grievance shall be forwarded to the Chief of Detention for further review with all relevant documentation.

b. Facility personnel who engage in reprisals shall be disciplined accordingly.

I. **Records:**

1. **Nature:**

a. Each designated administrator at each level of response shall collect and systematically maintain records regarding the filing and disposition of grievances.

b. These records may be maintained in either hard copy or in a retrievable form and shall be available for inspection.

c. At a minimum, such records shall include aggregated information regarding the numbers, types, and disposition of grievances, as well as individual records of the date of and the reasons for each disposition at each stage of the procedure.

d. Such records shall be preserved in accordance with the policy on records retention.

2. **Confidentiality:**

a. Records regarding the participation of an individual in the grievance proceedings shall not be available to any inmate(s) other than the grievant.

b. Facility personnel other than those directly involved in the grievance process may not have access to the information, unless the person's job requires access to such records.

c. Grievance records will not be available to non-facility personnel other than those representing the Facility except as otherwise provided by Arkansas law.

d. No entries concerning the above shall be recorded in the inmate's file. Records of testimony or evidence regarding an inmate's participation in a grievance proceeding shall also be held confidential.

VI. REPEALER:

This policy supersedes and rescinds all previous policies regarding this topic.

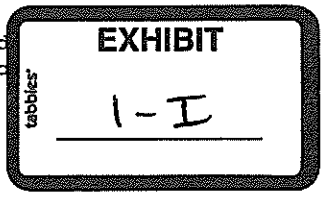
_____

Randy Morgan
Chief of Detention

__10__/_13__/_06__
Date

Pulaski County - Sheriff'S Office
Miscellaneous Booking Report for Booking# 5865-19*1, HALL,CARLOS CORTEZ
Report Ran on 10/17/2019 at 11:57:57

Date	User	Notes
04/11/2019	4247	Incident Report# 19-01561 filed.
04/12/2019	4479	Incident Report# 19-01583 filed.
04/12/2019	4579	Incident Report# 19-01587 filed.
04/15/2019	1002	On 04.11.2019 incident report#19-01561 submitted by Sgt.Watkins with a pre-hearing detention form for admin seg submitted. Inmate Hall, Carlos (5865-19) was placed on Emergency Administrative Segregation due to being in a wheelchair. ACTIONS TAKEN: Inmate Hall, Carlos (5865-19) was placed on Emergency Administrative Segregation due to being in a wheelchair. Inmate Hall was assigned to cell -306.
04/15/2019	1002	On 04.12.2019 incident report #19-01587 submitted by Dep Peery At approximately 1945 hours, Inmate Hall, Carlos (5865-19) called me over to the lower front subday where he was on his 1 hour break. He was grabbing his chest and saying that he couldn't break. Inmate Hall had very slurred speech compared to what I had witnessed from him earlier in the shift. I called central control via radio to have one medical personnel report to the unit. Nurse Russell arrived at the unit along with Sergeant Newburn. While Nurse Russell was accessing Inmate Hall, I witnessed him seem to go limp, slouch over, and fall to the floor from his wheelchair. I called a Code Red (Medical Emergency) at 1952 hours. Lieutenant Shephard arrived along with several other medical personnel. Inmate Hall was assessed for several minutes and it was determined that he would remain in the unit, with vital checks every thirty minutes. A Code 1 (Return to Normal Operations) was called at 2017 hours. ACTIONS TAKEN: Inmate Hall, Carlos (5865-19)was assessed and cleared by medical personnel to remain in the facility. Report # 19-01587.
04/15/2019	1002	On 04.12.2019 incident report #19-01583 submitted by Dep Ledford I Deputy Ledford contacted medical at 1200 hours and spoke with Nurse Little, regarding Inmate Hall, Carlo



(BI# 5865-19). Inmate Hall complained of his catheter leaking and that he was covered in urine. Nurse Little advised she would contact his pill call nurse and let

Pulaski County - Sheriff'S Office
Miscellaneous Booking Report for Booking# 5865-19*1, HALL,CARLOS CORTEZ
Report Ran on 10/17/2019 at 11:57:57

Date	User	Notes
		her know. Nurse Holt entered the unit and conducted pill call, and assessed Inmate Hall, she advised that she would return to the unit to change out his catheter. At 1400 hours, nobody had came in at that point, I again called medical and spoke with Nurse Bacarde and she advised that her along with Nurse Holt were discussing it at that time. At 1453 hours, nobody had yet to come in and change anything. I notified Sergeant McEwen of the incident and that I would be writing a report for information purposes.
04/19/2019	814	classification interview completed...criminal history is clear.
05/06/2019	AEZELL	Incident Report# 19-01969 filed.
05/13/2019	814	On May 11, 2019, #19-01969... I, Deputy H. Middleton, was assigned to W-3-Unit when at approximately 1530 hours Inmate Hall, Carlos (5865-19*1) advised me that someone had been taking his property off of his bunk. Inmate Hall stated two tubes of muscle cream and five cigarettes had disappeared yesterday around 2100 hours and he believed that Inmate [redacted] had taken his property. Inmate Hall stated that Inmate [redacted] was around his bunk and was watching him throughout the day. Inmate Hall stated that he felt he needed to be moved out of the unit to keep from having conflict with Inmate [redacted] Inmate Hall was resigned to W-1-Unit. I am requesting that Inmate Hall and Inmate [redacted] keep separate list be updated. ACTIONS TAKEN: Inmate [redacted] and Inmate Hall's keep separate list updated
05/11/2019	4213	KEEP SEPARATE FROM INMATE [redacted]
05/16/2019	4605	Incident Report# 19-02132 filed.

For Office Use Only
Date Rec'd: [illegible]

Medical

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

Inmate's Name: Carlos Hall **Intake #:** 54323

Unit: 14-3 **Job Assignment:** ______

Have you discussed this problem with your Unit Deputy? Yes ✓ No ___

Provide a description, or explain the nature of your problem:

I'm in pain, my meds are Hydrocodon, Percocets and Gabapentin, and Baclofen. I've been suffering with pain medicine [illegible] I been here for [illegible] days! I never [illegible] my meds. I've already [illegible] the state hospital! And [illegible] kept me for 5 days when my blood pressure was found at stroke level! This is not right [illegible]. Pain 1-10 my pain is 10

What do you want to happen to solve your problem?

I need to go home so I can't keep my pain down!

Inmate's Signature: Carlos Hall **Date:** 4/24/19

Is this an emergency situation? Yes ✓ No ___ **If so, explain why.**

I can't sleep, high blood pressure, bad pains, I [illegible] out here! I'm not [illegible] care of in here! I'm hurting bad

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

Receipt for Emergency Situations

Received from which inmate? : ______ Intake #: ______

Date: ______ Time: ______

Printed Name of receiving member D.S.N. Signature of receiving member

EXHIBIT
1-J

Inmate's Name: Hall, Carlos Intake #: 586519-1 Grievance #: 19-529

Grievance Officer's Decision

Our Medical Administrator stated, your grievance dated 04.24.19 indicates having opain and unable to sleep. Records indicated ~~you placed a sick call on 04.24.19with the response on 04.25.19.~~ This matter is unfounded.

Signature of Grievance Officer or Designee | Grievance Officer (Title) | 2122 (D.S.N.) | 05-[illegible]-19 (Date)

Signature of inmate receiving response | Date

Inmate's Appeal

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember, you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature | Intake Number | Date

Appeal Response

Signature of Chief or Designee | Title | D.S.N. | Date

Inmate's Signature | Intake Number | Date

Office of the
Pulaski
County
Sheriff

Official Memorandum

DATE: 04/30/2019

TO: Sgt. Brawley

FROM: Genia Walker, Health Services Administrator

SUBJECT: Hall, Carlos 54323

The grievance dated 4/24/19 indicates having pains and unable to sleep. Records indicated you placed a sick call on 4/24 with the response on 4/25/19.

This grievance is unfounded.

Medical

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

[redacted]

(1)

Inmate's Name: Carlos Hall Intake #: 54323

Unit: W-3 Job Assignment: ______

Have you discussed this problem with your Unit Deputy? Yes ✓ No ___

Provide a description, or explain the nature of your problem:

I'm in terrible Pain! Feet swelling! Bag Leaking! I'm not getting my Meds. I Can't Sleep At All.
I'm in Hard Suffering! I can't Control my Bowel Movement! It's Awful
That i'm getting treated like this
This is my 4th Grievance Why Has Nothing Changed?! Help me!

Help me!

This wheel chair is hurting me As well!

What do you want to happen to solve your problem?

Give me my Doctors Prescribed meds. or Send me to the Hospital! I Got High Blood pressure

Inmate's Signature: Carlos Hall Date: 5/13/19

Is this an emergency situation? Yes ✓ No ___ If so, explain why.

Chest pain 9-10 my pain has Been 10 since i've Been Here (April 11th 2019) Help me!

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

Receipt for Emergency Situations

Received from which inmate? : ______ Intake #: ______

Date: ______ Time: ______

Printed Name of receiving member D.S.N. Signature of receiving memb[er]

EXHIBIT

tabbies

1-K

Inmate's Name: _____ Intake #: _____ Grievance #: 19-529

Grievance Officer's Decision

This matter is already being addressed in grievance 19-529.

Sgt Crowley — Grievance Officer — 222 — 05-29-19

Signature of Grievance Officer or Designee | Title | D.S.N. | Date

Signature of inmate receiving response | Date

Inmate's Appeal

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember, you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature | Intake Number | Date

Appeal Response

Signature of Chief or Designee | Title | D.S.N. | Date

Inmate's Signature | Intake Number | Date

GRIEVANCE FORM (3)

ONLY ONE (1) GRIEVANCE PER SHEET

For Office Use Only
#: [illegible]
Date Received: [illegible]

Inmate's Name: Carlos Hall **Intake #:** 54323

Unit: KL-3 **Job Assignment:** ________

Have you discussed this problem with your Unit Deputy? Yes ✓ No ____

Provide a description, or explain the nature of your problem:

I'm in pain. I have pressure sores on my butt and my sides. I don't have anyone to help me turn. I have to be turned every two to three hours, it's hard for me to keep it up alone because of so much pain I'm not receiving any help.

What do you want to happen to solve your problem?

[illegible]

Inmate's Signature: Carlos Hall **Date:** [illegible]-5-19

~~Is this an emergency situation? Yes ______ No ______ If so, explain why~~

High blood pressure, can't sleep, [illegible] sores

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

Receipt for Emergency Situations

Received from which inmate? : ______________ Intake #: ________

Date: ________ Time: ________

______________ ______ ______________

Printed Name of receiving member D.S.N. Signature of receiving member

EXHIBIT 1-L

Inmate's Name: _____ **Intake #:** _____ **Grievance #:** _____

Grievance Officer's Decision

Signature of Grievance Officer or Designee | Title | D.S.N. | Date

Signature of inmate receiving response | Date

Inmate's Appeal

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember, you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature | Intake Number | Date

Appeal Response

Signature of Chief or Designee | Title | D.S.N. | Date

Inmate's Signature | Intake Number | Date

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

FOR OFFICE USE ONLY [illegible]

Inmate's Name: Carlos Hall Intake #: [illegible]

Unit: W-3 Job Assignment: ______

Have you discussed this problem with your Unit Deputy? Yes ✓ No ____

Provide a description, or explain the nature of your problem:

Bowel incontinence. I can't control my bowel. Don't know when they move. Have [illegible] twice a day. Hard standing up. Can't transfer to a toilet back to the chair without falling by myself. I have to take showers and [illegible] in [illegible] Falling in my [illegible] [illegible] [illegible] in nursing status along with all this pain without any pain killers

What do you want to happen to solve your problem?

I need to be in a medical unit such as unit close to medical.

Inmate's Signature: Carlos Hall Date: 5 10 19

Is this an emergency situation? Yes ✓ No ____ If so, explain why. I fell [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] this.

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : ______ Intake #: ______

Date: ______ Time: ______

______ ______ ______

Printed Name of receiving member D.S.N. Signature of receivin[g member]

EXHIBIT

1-M

Branch Directive 1005-0001

Inmate's Name: _____ Intake #: 12 Grievance #: _____

GRIEVANCE OFFICER'S DECISION

Signature of Grievance Officer or Designee | Title | D.S.N. | Date

Signature of inmate receiving response | Date

INMATE'S APPEAL

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature | Intake Number | Date

APPEAL RESPONSE

Signature of Chief or Designee | Title | D.S.N. | Date

Inmate's Signature | Intake Number | Date

[redacted]

For Office Use Only
Date Received:

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

Inmate's Name: Carlos Hall **Intake #:** 54323

Unit: W-3 **Job Assignment:**

Have you discussed this problem with your Unit Deputy? Yes ✓ No ___

Provide a description, or explain the nature of your problem:

My bed mat was taken.
I was approved for 2 and may
Because I have a [illegible] Brace
on my spine [illegible]
[illegible]
And I [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

What do you want to happen to solve your problem? [illegible]
[illegible] mat Back [illegible]
[illegible]

Inmate's Signature: Carlos Hall **Date:** [illegible]

Is this an emergency situation? Yes ✓ No ___ **If so, explain why.**
[illegible]
[illegible]
[illegible]

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

Receipt for Emergency Situations

Received from which inmate? : ____________ Intake #: ________

Date: __________ Time: __________

Printed Name of receiving member D.S.N. Signature of receiving member

Inmate's Name: _____ Intake #: _____ Grievance #: _____

Grievance Officer's Decision

Signature of Grievance Officer or Designee | Title | D.S.N. | Date

Signature of inmate receiving response | Date

Inmate's Appeal

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember, you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature | Intake Number | Date

Appeal Response

Signature of Chief or Designee | Title | D.S.N. | Date

Inmate's Signature | Intake Number | Date

: Witness : DeMarcus Smith SO# 121949
Christopher Faucette SO # 173124

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

FOR OFFICE USE ONLY
Date Received: [illegible]

Inmate's Name: HALL, CARLOS Intake #: 54323

Unit: [illegible] Job Assignment: [illegible]

Have you discussed this problem with your Unit Deputy? Yes ✓ No ___

Provide a description, or explain the nature of your problem:

I [illegible] [illegible] in the shower trying to transfer in my chair from the shower chair and Ronkie walked in to check on me and [illegible] me Helpless on the shower Floor I'm so disapointed the has to stop I'm in too much pain to keep going through each day [illegible]

What do you want to happen to solve your problem?

it must be nothing could happen to solve this cause ain't no one answered my Grievances

Inmate's Signature: Carlos Hall Date: 5-12-19 [illegible]

Is this an emergency situation? Yes ✓ No ___ If so, explain why.

I Have A medical Case on my Spine and a metal Rod in my leg, High Blood Pressure

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : ______________ Intake

Date: ________ Time: ________

Printed Name of receiving member D.S.N. Signature of receiv

EXHIBIT
1-N

Branch Directive D05-0001

Inmate's Name: Hall, Carlos Intake #: 5865184 Grievance #: 19-618

GRIEVANCE OFFICER'S DECISION

Sgt. Musaddiq came to your unit and listened to your concerns. He got you another shower chair for the handicap shower that ~~is taller that makes it alot easier for you to go from your~~ wheel chair to the shower chair. He watched as you tried it out and stated that it worked well. If you have any problems ~~with showering or just daily tasks, please let the deputy know~~ so Medoical can be notified and they will assist you.

Sgt Brawley — Grievance Officer — CCC — 05/2019

Signature of Grievance Officer or Designee — Title — D.S.N. — Date

Signature of inmate receiving response — Date

INMATE'S APPEAL

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature — Intake Number — Date

APPEAL RESPONSE

Signature of Chief or Designee — Title — D.S.N. — Date

Inmate's Signature — Intake Number — Date

Office of the
Pulaski
County
Sheriff

Official Memorandum
Pulaski County Detention Facility

To: Grievance Sergeant Brawley

From: Sergeant D. Musaddiq #2829

Re: Grievance from Inmate Carlos Hall; 5865-19*1

Date: 5/16/2019

On 5/13/19, I addressed a grievance concerning Inmate Carlos Hall and the handicap accessibility of the shower in W-1-1. Inmate Hall is a wheelchair bound inmate that has trouble transferring from his wheelchair into the handicap accessible chair that is stationary in the shower. After making contact with Inmate Hall, I asked him to demonstrate how he uses the handicap railings in the shower. I observed Inmate Hall transfer his body weight out of a wheelchair onto a handicap accessible chair that is sitting stationary in the shower. The handicap accessible chair is lower than his wheelchair causing him to push the chair over due to the force of his weight. I corrected this issue by replacing the handicap accessible chair in the shower with an adjustable chair that can be raised to the height of his wheelchair. After replacing the chair, I asked Inmate Hall to again demonstrate transferring his weight from his wheelchair to the stationary chair in the shower. I observed a more stable transfer to the shower with the chair being raised to the same height of his wheelchair. He was able to slide himself from the wheelchair into the stationary chair instead of throwing his weight into the chair. Inmate Hall was satisfied with the change.

Witness, Demarcus Smith
[redacted] Christopher Faucette

This is The #7th

(Medical I still Have to pay to Be seen. I'm Chronic Care.)

Medical

GRIEVANCE FORM (3)

ONLY ONE (1) GRIEVANCE PER SHEET

Inmate's Name: Carlos Hall Intake #: 54323

Unit: W-1 Job Assignment: ____

Have you discussed this problem with your Unit Deputy? Yes ✓ No ____

Provide a description, or explain the nature of your problem:

On this Day of 5-13-19 At approximatly 10:05, I was waken up By my Bunkie's They had woke to tell me that I've had A Bowel movement And its All over me, the Bed As well As The Floor. This is Not the First, or the Second, But the Third Time It's happend while Bedtime, Every other time I was in my wheel chair when it happens. I cant Control or Know when its coming. The inmates help me get clean. The nurses Dont. And They know my Condition.

What do you want to happen to solve your problem?

Let me out of here to avoid humilition! I have in house nursing home

Inmate's Signature: Carlos Hall Date: 5-13-19

Is this an emergency situation? Yes ✓ No ____ If so, explain why.

Some People Are getting to me making Fun of the situation its Not Right!

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : ____ Intake #: ____

Date: ____ Time: ____

Printed Name of receiving member ____ D.S.N. ____ Signature of receiving ____

HALL DEPOSITION 000290

EXHIBIT
1-0

Branch Directive D05-0001

Inmate's Name: _____ Intake #: _____ Grievance #: _____

GRIEVANCE OFFICER'S DECISION

Signature of Grievance Officer or Designee | Title | D.S.N. | Date

Signature of inmate receiving response | Date

INMATE'S APPEAL

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature | Intake Number | Date

APPEAL RESPONSE

Signature of Chief or Designee | Title | D.S.N. | Date

Inmate's Signature | Intake Number | Date

Office of the
Pulaski
County
Sheriff

Official Memorandum

DATE: 05/21/2019

TO: Sgt. Brawley

FROM: Genia Walker, Health Services Administrator

SUBJECT: Hall, Carlos 5865-19*1

The grievance dated 5/13/19 indicates needing medical attention. As of 5/21, you are no longer in our facility.

This grievance is unfounded.

SUSPECT: HALL,CARLOS C

RACE: B	SEX: M	DOB: [redacted]	AGE: 45
ADDRESS: [redacted]	CITY: LR, AR	PHONE:	
CELL PHONE:	DL: [redacted]	SSN: [redacted]	
OCCUPATION:	PHONE:	ADDRESS:	
CITY:	STATE:	ZIP:	

RELATION TO SUSPECT:

Date Reported From	Date Reported To
Time Reported From	Time Reported To
Business Name	Business Address
City	State
Zip	Phone

WITNESS VEHICLE INFORMATION:

Year	Make
Model	License
Color	Value

REMARKS

LOCATION OF OFFENSE: W-1

DATE & TIME OF OFFENSE (FROM): (TO):

M-O DESCRIPTION

CD - (R)ECOVERED, (A)BANDONED, (S)TOLEN, (D)AMAGED, (L)OST, (F)OUND or (C)ONT
DE - A=CURRENCY, B=JEWELS, C=CLOTHES, D=VEHICLE, E=OFFICE EQUIP, F=ELECTRONIC
G=FIREARMS, H=HOUSEHOLD, I=CONSUMABLE, J=LIVESTOCK, K=MISC or L=NA

Code	Quantity	Description	Serial No.	Value
		Total		0.00

Disposition of Property:

Total CD Codes	Number of Items	Total Value

Total DE Codes	Number of Items	Total Value

On 5/16/2019 I, Deputy James Hill, was assigned to unit W-1. At approximately 1905 hours, I was approached by inmate Hall, Carlos (5865-19*1), who stated that he was experiencing severe pain in his right side. Inmate Hall has extensive medical problems and is incontinent of bowel and bladder. I contacted medical via telephone and spoke with Nurse McCauley. She advised to have the pill call nurse examine Inmate Hall when she came to the unit. Nurse Turks entered the unit to do pill call at 2104 hours. I advised her of inmate Hall's complaint, and she examined him and cleared him to remain in the unit. End of report.

OFFICER TAKING REPORT: HILL,JAMES

DATE & TIME	77460	APPROVED BY:
OFFICER ASSIGNED:		AUTHORITY:
CHARGES FILED:	REASON:	
PHOTOS TAKEN:	LATENT PRINTS:	ARREST MADE:
EVIDENCE SEIZED:		NCIC:

ASSOCIATED CASES:

EXHIBIT
tabbies
1-P

8 Aug 2019 1530 Medical

GRIEVANCE FORM (1)

ONLY ONE (1) GRIEVANCE PER SHEET

FOR OFFICE USE ONLY
Date Received

Inmate's Name: Hall, Carlos Intake #: 54803

Unit: W-1 Job Assignment: Disabled

Have you discussed this problem with your Unit Deputy? Yes ✓ No ___

Provide a description, or explain the nature of your problem:

I was not takin to my doctors appointment at UAMS Blood infection Disease Clinic. Tuesday and this is the third time I missed my appointment I have a Blood infection (sick badly). I told the nurse (medical). My doctor Name is Dockr Poldes At the Blood infection Clinic at UAMS.

What do you want to happen to solve your problem?

Take me to my appointment so I can get checked out.

Inmate's Signature: Charles Hall Date: 5-7-19

Is this an emergency situation? Yes ✓ No ___ If so, explain why.

I Am Very Sick. Blood infection (Deadly!)

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : ______________ Intake #: ______

Date: ________ Time: ________

Printed Name of receiving member ______ D.S.N. ______ Signature of receiving member ______

EXHIBIT 1-Q

Branch Directive D05-0001

Inmate's Name: _____ Intake #: _____ Grievance #: 19-618

GRIEVANCE OFFICER'S DECISION

This matter has already been addressed in grievance 19-618.

Signature of Grievance Officer or Designee

Grievance Officer
Title

CCA
D.S.N.

12-18-19
Date

Signature of inmate receiving response

Date

INMATE'S APPEAL

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember, you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature

Intake Number

Date

APPEAL RESPONSE

Signature of Chief or Designee

Title

D.S.N.

Date

Inmate's Signature

Intake Number

Date

If you leave the P.C.R.D.F. prior to receiving a response to your grievance, you may write us for the official response. You must include a self-addressed stamped envelope and send your request to the attention of the Grievance Officer at the Pulaski County Regional Detention Facility, 3201 W. Roosevelt Rd., Little Rock, AR 72204.

DO NOT WRITE IN THIS SPACE

Office of the Pulaski County Sheriff

Official Memorandum

DATE: 05/21/2019

TO: Sgt. Brawley

FROM: Genia Walker, Health Services Administrator

SUBJECT: Hall, Carlos 5865-19*1

The grievance dated 5/13/19 indicates needing transportation to your outside appointment. As of 5/21, you are no longer in our facility.

This grievance is unfounded.

Medical 3:0 pm

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

For Office Use Only
[illegible]
Date Received
[illegible]

Inmate's Name: HALL, CANDIS Intake #: 54323

Unit: W-1 Job Assignment: ____

Have you discussed this problem with your Unit Deputy? Yes ✓ No ___

Provide a description, or explain the nature of your problem:

Medical is totally ignoring me.

I fell Hard in the shower. I hit

my head Allready And more became

the [illegible]

may. I was suppose to be X-Rayed

It Never Happend.

What do you want to happen to solve your problem?

I want the facility call [illegible] med

Health [illegible] should get help

Inmate's Signature: Candis Hall Date: 7/8/18

Is this an emergency situation? Yes ✓ No ___ If so, explain why.

I Allready [illegible] Body.

[illegible]

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : ____ Intake #: ____

Date: ____ Time: ____

____ ____ ____

Printed Name of receiving member D.S.N. Signature of receiv[ing member]

EXHIBIT

1-R

Branch Directive 903-0001

Inmate's Name: _____ Intake #: [illegible] Grievance #: 19-ECF

GRIEVANCE OFFICER'S DECISION

This matter has already been addressed.

Signature of Grievance Officer or Designee | Grievance Officer Title | D.S.N. | Date: 06-18-19

Signature of inmate receiving response | Date

INMATE'S APPEAL

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature | Intake Number | Date

APPEAL RESPONSE

Signature of Chief or Designee | Title | D.S.N. | Date

Inmate's Signature | Intake Number | Date

8th

Medical

GRIEVANCE FORM ②

ONLY ONE (1) GRIEVANCE PER SHEET

FOR OFFICE USE ONLY
Date Received: [illegible]

Inmate's Name: Hall, Carlos Intake #: 5 [illegible]

Unit: [illegible] Job Assignment: ______

Have you discussed this problem with your Unit Deputy? Yes ✓ No ____

Provide a description, or explain the nature of your problem:

I'm suppose to take Gabapentin 3x's a day! I'm already not getting my pain killers. I'm in pain! it doesn't make any sense. And all this is totall[y] neglect. I'm suffering! I haven't got a reason yet! due to [illegible]

What do you want to happen to solve your problem? This is horrible! Give me properly what's prescribed for me or release me.

Inmate's Signature: Carlos Hall Date: 5-7-19

Is this an emergency situation? Yes ✓ No ____ If so, explain why.

High Blood Pressure, Dental [illegible] (10) Please Finally Respond! [illegible] 8

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form, without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

With no feed back

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : ______________ Intake #: ______

Date: ________ Time: ________

Printed Name of receiving member D.S.N. Signature of receiving member

EXHIBIT 1-5

Inmate's Name: _____ Intake #: _____ Grievance #: _____

GRIEVANCE OFFICER'S DECISION

_____ _____ _____ _____

Signature of Grievance Officer or Designee — Title — D.S.N. — Date

_____ _____

Signature of inmate receiving response — Date

INMATE'S APPEAL

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember, you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

_____ _____ _____

Inmate's Signature — Intake Number — Date

APPEAL RESPONSE

_____ _____ _____ _____

Signature of Chief or Designee — Title — D.S.N. — Date

_____ _____ _____

Inmate's Signature — Intake Number — Date

If you leave the P.C.R.D.F. prior to receiving a response to your grievance, you may wait us for the official response. You must include a self-addressed stamped envelope and send your request to the attention of the Grievance Officer at the Pulaski County Regional Detention Facility

3201 W. Roosevelt Rd. Little Rock, AR 72204

Do Not Write In This Space !!!

Office of the Pulaski County Sheriff

Official Memorandum

DATE: 05/21/2019

TO: Sgt. Brawley

FROM: Genia Walker, Health Services Administrator

SUBJECT: Hall, Carlos 5865-19*1

The grievance dated 5/13/19 indicates needing your medications. As of 5/21, you are no longer in our facility.

This grievance is unfounded.

Inmate Location Report
Ran 10/17/2019 @ 12:06pm
With Booking #: 5865-19*1

Booking #	SO#	Name	Date	Time	Location	Reason
5865-19*1	58884	HALL,CARLOS CORTEZ	04/18/2019	02:43pm	IN UNIT	
5865-19*1	58884	HALL,CARLOS CORTEZ	04/20/2019	12:14am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/20/2019	08:25am	MEDICAL	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/21/2019	07:12am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/22/2019	11:54am	MEDICAL	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/22/2019	01:03pm	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/23/2019	07:32am	HOLDING - TRANSPORT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/23/2019	07:39am	ARKANSAS STATE HOSPITAL	EVALUATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/23/2019	01:52pm	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/25/2019	10:41am	MEDICAL	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/25/2019	11:33am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/26/2019	10:03am	MEDICAL	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	04/26/2019	11:27am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/04/2019	07:26pm	MEDICAL	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/05/2019	02:43am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/06/2019	05:19am	HOLDING - TRANSPORT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/06/2019	07:28am	VIDEO ARRAIGNMENT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/06/2019	09:12am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/07/2019	05:31am	HOLDING - TRANSPORT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/07/2019	08:19am	VIDEO ARRAIGNMENT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/07/2019	09:13am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/09/2019	07:19am	VIDEO ARRAIGNMENT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/09/2019	09:20am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/10/2019	07:41am	MEDICAL	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/11/2019	06:30pm	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/20/2019	05:25am	HOLDING - TRANSPORT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/20/2019	07:53am	VIDEO ARRAIGNMENT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/20/2019	09:17am	LITTLE ROCK DISTRICT COURT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/20/2019	11:12am	IN UNIT	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/20/2019	01:38pm	RELEASE	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/20/2019	02:28pm	RELEASE	JAIL LOG UPDATE OF LOCATION
5865-19*1	58884	HALL,CARLOS CORTEZ	05/20/2019	03:55pm	RELEASE	PER SPD LTR

********** Detail Summary **********
There were 32 items matching search criteria....
****

EXHIBIT
1-T

Transcript of the Testimony of

Carlos Hall, Sr.,Vol. 1

Date: January 25, 2021

Case: Carlos Hall, Sr. v. Eric S. Higgins

Bushman Court Reporting
Kristina Gray
Phone: (501) 372-5115
Fax: (501) 378-0077
<www.bushmanreporting.com>

EXHIBIT
2

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
16TH DIVISION

CARLOS HALL, SR. PLAINTIFF

VS. NO. 60CV-19-7264

ERIC S. HIGGINS DEFENDANT

VOLUME I

ORAL DEPOSITION

OF

CARLOS HALL, SR.

(Taken January 25, 2021, at 10:32 a.m.)

---

complaint?
A Well, the whole unit, that W3 unit witnessed it. The inmates, they witnessed it all. I had to pay them all my commissary to change me to clean my backside. I had to pay several inmates to clean my backside because the staff would do nothing for me.
Q And two of those individuals were DeMarcus Smith and Billy Joe Bledsoe; is that right?
A Correct.
Q And you said other inmates who were in the unit might have knowledge as well; is that correct?
A Yes.
Q Sitting here today, do you remember any other names of inmates?
A I don't. I don't. It's virtually impossible for me to remember their names. They're total strangers. But I just remember the names of the ones that were hands-on for me and that was DeMarcus Smith and Billy Bledsoe.
Q Understood. Anyone else who would have knowledge besides other inmates and the people that you listed in your discovery responses?
A Yes. The unit deputies. I filed several grievances that was not answered. All totally ignored.
Q Do you specifically remember any of the names of

the deputies that you interacted with?
A No.
Q Anyone else who would have knowledge?
A Yes. The nursing staff, they would have knowledge. They ignored me. I only seen them a couple times. I guess it was too much on their plate. They couldn't get to me. They couldn't take care of me properly. I suffered there.
Q Do you remember the specific names of any nurses that you interacted with?
A I have no idea.
Q Anyone else who would have knowledge of your claims?
A No. Outside of St. Vincent Hospital when I got out.
Q And we have a list of all your medical professionals that you've seen and I understand that they might have knowledge of your physical issues and certainly we've already got that information.
A Yes, ma'am.
Q Okay. Anyone else?
A No.
Q Besides your lawyers -- I can't ask about your conversations with them and I'm not asking about that. But besides your lawyers, have you spoken with anyone

Q Well, if you go down further on that page, it has the charges or the violations. For your wife, it says violation one, theft of property, a firearm.

A A firearm? Ma'am, I never had a firearm charge in my life.

Q But that charge is against your wife.

A She has -- she -- that's false.

Q You're saying that record is not --

A I've never seen nothing like that in my life. I never in my life had a firearm charge, never, ever. She hadn't either, so that's a false. That's false. No.

Q Understood. Other than the Narcotics Anonymous classes that you took at your church, have you ever been to any other classes regarding drugs or any other treatment?

A No, ma'am.

Q Now let's move forward and talk about your physical health, which we've talked a little bit about, but I want to get into more detail. And I understand that currently you are paralyzed from the waist down; is that correct?

A Yes.

Q And that is based on a gunshot wound you received in June of 2012; is that correct?

A Yes, ma'am.
Q Can you tell me where were you shot?
A Lower abdomen and my arm. I was shot six times. Two bullets went through me. Two was taken out and two is still lodged in me.
Q And as a result of that, you're paralyzed, correct?
A That's correct.
Q Do you have any other -- and we're going to fully talk about your paralysis and everything that comes with that. But other than that, are there any other physical issues that you have as a result of this gunshot wound?
A Yes. I was hit by a truck in my power chair and broke my leg in half and I have a rod on my hip going straight through my right leg.
Q When were you hit by the truck?
A '17. October 2017.
Q And you said it broke your leg?
A In half, yes.
Q And they put in a metal rod?
A Yes, on my right hip through my leg.
Q The rod goes from your right hip down through your leg; is that correct?
A Yes, ma'am.

sores. No. This is totally different. It's pain on pain. It made my condition worse where I can't even sit like I used to. I can't even get on my riding lawnmower like I used to. I can't sit for a long period of time without certain cushions.

Q And we'll talk about that. And I want to get into everything related to your pressure sores, the bedsores, and how that's affected you. Let's talk a little bit more about how you cope with being a paraplegic and also the issues related to the 2017 incident.

A It's depressing.

Q I understand. And I imagine that the depression that you were diagnosed with back in '97 has only consistently gotten worse as your life has progressed and you had --

A Yes, it has.

Q I understand. So being a paraplegic in 2012, is that when you first started using a wheelchair?

A Wow. It was a life changer. But my kids -- my children kept me in good spirits and gave me more reasons to live, more reasons to push on forward. By their grace, I'm pushing on now.

Q In 2012 when you first started using a wheelchair, did you originally have a manual wheelchair?

A Yes, yes. I was in a manual wheelchair for about two weeks. Then they prescribed me the Jazzy, the electric -- well, 30 days. It took them a while to get me my chair to fit me, to fit my condition.

Q So about 30 days with a manual wheelchair and then they prescribed you the Jazzy; is that correct?

A Yes.

Q So that would have been -- at some point in 2012, you were prescribed the Jazzy?

A Exactly.

Q And they had to take measurements to determine -- to make the Jazzy fit you; would that be correct?

A That's correct.

Q And I think you stated earlier that you had the Jazzy --

A Hold on. Hold on. It was a while. It took a little while -- now that I'm thinking, it took a little while longer than 30 days. It took about a year. It took about a year because they had to prescribe me a special seat on my push chair. Yeah, it was about a year for them to actually get me the Jazzy, if I'm not mistaken. It took a while now that I'm thinking about it.

Q So it may have taken approximately a year for them to get you the Jazzy?

A Yes.
Q After you got the Jazzy, they gave you or -- did they prescribe you a special seat for the push chair?
A Yes, a special cushion.
Q Can you describe that special cushion to me?
A It's air. It's an air seat. When I put the air in it, it will be less tension on my bottom and my backside and my back. The air helps a lot. It helps a lot. I didn't have no problems with no kind of pressure sores or nothing, none of that until I went to jail.
Q The special seat that you were prescribed before you got the Jazzy, that was to help make sure you didn't get pressure sores; is that right?
A Exactly. I couldn't sit in a regular chair over a period of two to three hours. I couldn't sit there.
Q Any other special things they prescribed to you for the push chair?
A Yes. Reachers. You know, the hand reachers where I can pick up items with -- I can reach and grab things out of my cabinet.
Q Anything else?
A A lifter. They'll put the lifter up under me and then wind it up where I can lift out of the bed into my chair.

all day long in your truck; is that right?
A My son Cortavian Hall by my side.
Q And your son was not working at that time?
A No. My son is also ADHD. He's mentally challenged.
Q Does he receive disability?
A Yes.
Q Have there been other times where you've had to live in your truck?
A No. That was the only time. Hopefully the last. I forgot all about this moment until you brought it back up.
Q We get all the records, so.
A Now I'll be thinking about that tonight. Wow. Thanks a lot.
Q Okay. Let's move on. So we talked about a number of issues, and you have told me that since your paralysis in the wreck in 2017, you suffer from chronic pain; is that right?
A Yes.
Q And am I correct that that pain is located in your back and in your leg?
A My back, my leg, and my bottom. My bottom is a new pain now since incarceration. That's a new pain.
Q So you're saying that the bottom pain didn't start

until after you left the jail; is that right?
A That's right. It hurts worse than -- almost worse than the bullet and the surgery itself. It's so discomfortable. It keeps me agitated because I can't get comfortable.
Q I understand. We'll get into all of that for sure. I'm not trying to move us past that because I do want to discuss it, but I do want to talk just generally about bedsores. When, to the best of your memory, did you ever have your first bedsore?
A I was locked up. The only one I ever had in my life, bedsore.
Q Okay. And locked up during this time April of 2019 to May of 2019; is that correct?
A That's correct. I noticed the second week I was incarcerated because I reached behind my back and I see blood and puss on my hand and on my diaper.
Q I understand. And we're going to talk about that timeline of when that happened and I understand you said it was two weeks after you were locked up. But I do want to direct your attention to another record, and this is a record from the medical contractor at Pulaski County Turn Key, and this will be, I guess, Exhibit 4. I think that's Exhibit 4. And we're going to look at page 301 of that exhibit. So Mr. Hall, what you're

CERTIFICATE

STATE OF ARKANSAS)

)ss

COUNTY OF PULASKI)

I, Kristina R. Gray, Arkansas Certified Court Reporter #725, do hereby certify that the facts stated by me in the caption on the foregoing proceedings are true; and that the foregoing proceedings were reported verbatim through the use of the voice-writing method and thereafter transcribed by me or under my direct supervision to the best of my ability, taken at the time and place set out on the caption hereto.

I FURTHER CERTIFY that in accordance with Rule 30(e) of the Rules of Civil Procedure, review of the transcript was not requested.

I FURTHER CERTIFY that I am not a relative or employee of any attorney or employed by the parties hereto, nor financially interested, or otherwise, in the outcome of this action, and that I have no contract with the parties, attorneys, or persons with an interest in the action that affects or has a substantial tendency to affect impartiality, that requires me to relinquish control of an original deposition transcript or copies of the transcript before it is certified and delivered to the custodial attorney, or that requires me to provide any service not made available to all parties to the action.

WITNESS MY HAND AND SEAL this 1st day of February, 2021.

_____

Kristina R. Gray
Arkansas State Supreme Court
Certified Court Reporter #725

UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS Hospital
4301 West Markham Street
Slot #524
Little Rock AR 72205

Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Adm: 7/22/2018, D/C: 7/29/2018

07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

EXHIBIT 3

Electronically signed by Heather A. Borchert, MD at 7/29/2018 7:22 PM

Attribution Key
HB.1 - Heather A. Borchert, MD on 7/29/2018 6:36 PM
HB.2 - Heather A. Borchert, MD on 7/29/2018 7:19 PM
HB.3 - Heather A. Borchert, MD on 7/29/2018 6:46 PM
M - Manual, T - Template

Version 2 of 3

Author: Heather A. Borchert, MD | Service: Med-General Internal Medicine | Author Type: Resident
Filed: 7/29/2018 7:19 PM | Date of Service: 7/29/2018 6:36 PM | Status: Cosign Needed
Editor: Heather A. Borchert, MD (Resident) | Cosign Required: Yes
Cosigner: —

Called to bedside by RN at approximately 1815 due to patient requesting discharge. Briefly, Mr. Hall is a 44 yo male with history of MRSA osteomyelitis, septic arthritis, polysubstance abuse that was admitted on 7/22/18 due to worsening back pain. Found with epidural abscess, blood cultures positive for MRSA. Urine cultures positive for ESBL E. Coli. He has been treated with vancomycin and meropenem. He is s/p L4-L5 laminectomy by NSGY on 7/25 for osteomyelitis and epidural abscess. On encounter, patient is calm, alert/oriented, and with decision making capacity. Discussed risks including inability to provide adequate treatment for current infections, inability to prescribe pain control medications, inability to provide transportation, and potential financial risk should he wish to leave against medical advice. Patient expressed understanding, but requested discharge. AMA paperwork provided and signed by patient. Charge nurse present and witnessed discussion/signature.[HB.1M]

Heather Borchert, DO
PGY-[HB.1T]4[HB.1M], Internal Medicine-Pediatrics[HB.1T]
7/29/2018 6:46 PM[HB.2T]

Electronically signed by Heather A. Borchert, MD at 7/29/2018 7:19 PM

Attribution Key
HB.1 - Heather A. Borchert, MD on 7/29/2018 6:36 PM
HB.2 - Heather A. Borchert, MD on 7/29/2018 6:46 PM
M - Manual, T - Template

Version 1 of 3

Author: Heather A. Borchert, MD | Service: Med-General Internal Medicine | Author Type: Resident
Filed: 7/29/2018 7:18 PM | Date of Service: 7/29/2018 6:36 PM | Status: Cosign Needed
Editor: Heather A. Borchert, MD (Resident) | Cosign Required: Yes
Cosigner: —

Called to bedside by RN at approximately 1815 due to patient requesting discharge. Briefly, Mr. Hall is a 44 yo male with history of MRSA osteomyelitis, septic arthritis, polysubstance abuse that was admitted on 7/22/18 due to worsening back pain. Found with epidural abscess, blood cultures positive for MRSA. Urine cultures positive for ESBL E. Coli. He has been treated with vancomycin and meropenem. He is s/p L4-L5 laminectomy by NSGY on

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

7/25 for osteomyelitis and epidural abscess. On encounter, patient is calm, alert/oriented, and with decision making capacity. Discussed risks including inability to provide adequate treatment for current infections, inability to prescribe pain control medications, inability to provide transportation, and potential financial risk should he wish to leave against medical advice. Patient expressed understanding, but requested discharge. AMA paperwork provided and signed by patient. Charge nurse present and witnessed discussion/signature.[HB.1M]

Heather Borchert, DO
PGY-[HB.1T]4[HB.1M], Internal Medicine-Pediatrics[HB.1T]
7/29/2018 6:46 PM[HB.2T]

Electronically signed by Heather A. Borchert, MD at 7/29/2018 7:18 PM

Attribution Key
HB.1 - Heather A. Borchert, MD on 7/29/2018 6:36 PM
HB.2 - Heather A. Borchert, MD on 7/29/2018 6:46 PM
M - Manual, T - Template

Student Provider

Leslie Dunmire V at 7/23/2018 10:52 AM

Version 1 of 1

Author: Leslie Dunmire V
Filed: 7/23/2018 11:41 AM
Editor: Leslie Dunmire V (Medical Student)
Service: Med-Infectious Disease
Date of Service: 7/23/2018 10:52 AM
Author Type: Medical Student
Status: Signed
Cosigner: Keyur S. Vyas, MD at 7/23/2018 4:54 PM

Progress Note

Patient :[LD.1T] Carlos C Hall[LD.2T],[LD.1T] 44 y.o. male[LD.2T] **MRN#**[LD.1T] 000411229[LD.2T]
Location:[LD.1T] 623/H6-623[LD.2T] **Admit Date:**[LD.1T] 7/22/2018[LD.2T]

Subjective[LD.1T]
Pt reports he is having back pain. Pt states he had fever and chills for a period of about 2 weeks, pt denies these symptoms now. Pt became agitated upon continued questioning and fell asleep several times during the interview.[LD.1M] Pt declined to answer when his last BM was.[LD.3M]

Physical Exam:[LD.1T]

Temp: [97.4 °F (36.3 °C)-98.9 °F (37.2 °C)] 98.1 °F (36.7 °C)
Heart Rate: [57-86] 83
Resp: [16-18] 16
BP: (124-151)/(73-98) 151/98[LD.2T]

Intake/Output[LD.1T]

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

UR Documentation:[BM.1T] **Initial Review**[BM.1M]
HALL, CARLOS C is a 44 y.o. male currently admitted to 15 N for Osteomyelitis (HCC) [M86.9].
LOS: 0 days
MRN:000411229 (CSN: 10000019985664)

Hospital Problem List Date Reviewed: **6/8/2018**

None

Non-Hospital Problem List Date Reviewed: **6/8/2018**

	Priority	Noted
Hypertension		Unknown
Late effect of spinal cord injury		Unknown
Chronic back pain		Unknown
Schizophrenia (HCC)		Unknown
Spinal cord injury at T7-T12 level without injury of spinal bone		Unknown
Neurogenic bladder		7/22/2015
History of UTI		7/22/2015
Presence of indwelling urethral catheter		7/22/2015
Erosion of penis		7/22/2015
Thigh ulcer (HCC)		7/22/2015
Essential hypertension		7/22/2015
ACE inhibitor-aggravated angioedema		7/18/2016
Motor vehicle traffic accident injuring pedestrian, initial encounter		10/19/2017
Fall from moving powered wheelchair, sequela		10/19/2017
Bilateral corneal abrasions, initial encounter		10/19/2017
Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC)		10/23/2017
Sepsis (HCC)		6/5/2018
Pyogenic arthritis of right elbow (HCC)		6/5/2018
Hypokalemia		6/5/2018
Staphylococcal arthritis of right elbow (HCC)		6/4/2018
Staphylococcus aureus bacteremia		6/5/2018
Subacute osteomyelitis of right humerus (HCC)		6/8/2018
Septic olecranon bursitis of left elbow		6/25/2018

Per InterQual admission guidelines, current orders, and documentation, patient is meeting inpatient admission criteria. Inpatient appropriate as ordered.

IQ Review

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

INR	1.2
Vanc Trough	12.3[BC.1M]

Current Medications:
Scheduled Meds:[BC.1T]

• [MAR Hold] amitriptyline	50 mg	Oral	HS
• [MAR Hold] amLODIPine	10 mg	Oral	Daily
• [MAR Hold] ARIPiprazole	2 mg	Oral	Daily
• [MAR Hold] artificial tears		Ophthalmic	QHS
• [MAR Hold] baclofen	10 mg	Oral	BID
• [MAR Hold] gabapentin	800 mg	Oral	TID
• [MAR Hold] hydroCHLOROthiazide	25 mg	Oral	Daily
• lidocaine	1 mL	Subcutaneous	Once
• meropenem	1,000 mg	IV Piggyback	Q8H
• sodium chloride 0.9% (NS) flush	5 mL	Intracatheter	Q12H SCH
• [MAR Hold] tiotropium	18 mcg	Inhalation	Daily
• [MAR Hold] triamcinolone		Topical	TID
• [MAR Hold] vancomycin	1,750 mg	IV Piggyback	Q 12 hrs (vanc)[BC.2T]

PRN Meds:[BC.1T]
[MAR Hold] acetaminophen, bacitracin, fentanyl, lidocaine-EPINEPHrine, neomycin-bacitracin-polymyxin, promethazine, sodium chloride 0.9% (NS) flush **AND** sodium chloride 0.9% (NS) flush, sodium chloride 0.9%, thrombin recombinant, [MAR Hold] vancomycin - per pharmacy (REQUIRED) placeholder, water (sterile)[BC.2T]

Assessment:[BC.1T]
Carlos C Hall[BC.2T] is a[BC.1T] 44 y.o. male[BC.2T] with[BC.1T] a history of MRSA osteomyelitis, septic arthritis, and polysubstance abuse with MRSA osteomyelitis with discitis of L3-L4 and epidural abscess. Neurosurgery is taking him to surgery today for L4/L5 TLIF with autograft bone and abscess drainage. 2nd blood culture grew MRSA. Urine culture grew ESBL E. Coli.[BC.1M]

Plan:[BC.1T]
1) MRSA Osteomyelitis with discitis L3-L4 and epidural abscess
- L4/5 TLIF with autograft bone and abscess drainage today
- Continue Vanc

07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

- Continue gabapentin, tylenol, and oxycodone prn for pain

2) Catheter associated UTI
- Suprapubic catheter for neurogenic bladder
- Consult urology to change SPC
- D/C Ceftriaxone
- Start IV Meropenem

3) Schizophrenia
- Continue Arpiprazole

4) HTN
- Continue Amlodipine and HCTZ

5) Hypokalemia
- Resolved, K 3.9 today

6) Paraplegia
- Continue SPC
- Continue baclofen[BC.1M]

Code status:[BC.1T] **FULL**[BC.1M]

This patient discussed with attending physician of record[BC.1T] *Keyur S. Vyas, MD*[BC.2T] *who formulated this plan of care.*[BC.1T]

Bobie Jo Cooper, M3[BC.1M]

Electronically signed by Bobie J Cooper at 7/26/2018 6:54 AM
Electronically signed by Keyur S. Vyas, MD at 7/26/2018 9:16 PM

Attribution Key
BC.1 - Bobie J Cooper on 7/25/2018 1:07 PM
BC.2 - Bobie J Cooper on 7/25/2018 1:08 PM
M - Manual, T - Template

Bobie J Cooper at 7/26/2018 11:28 AM

Version 1 of 1

Author: Bobie J Cooper
Filed: 7/26/2018 11:51 AM
Editor: Bobie J Cooper (Medical Student)
Service: Med-Infectious Disease
Date of Service: 7/26/2018 11:28 AM
Author Type: Medical Student
Status: Signed
Cosigner: Keyur S. Vyas, MD at 7/26/2018 5:09 PM

Internal Medicine
Daily Progress Note

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

Date of Service: 7/26/2018
Patient : Carlos C Hall; 44 y.o. male **MRN#** 000411229
Location: 623/H6-623 **Admit Date:** 7/22/2018
Attending Physician: Keyur S. Vyas, MD
LOS: 4 days

Subjective:[BC.1T]
Patient was sleeping and would hardly wake up to speak this morning. Denies any pain. When we came back in with Dr. Vyas, he was concerned about his wallet that his wife stole. He was difficult to understand but kept mentioning "suicide."[BC.1M]

Objective:
Vitals:

	07/26/18 0120	07/26/18 0215	07/26/18 0718	07/26/18 1103
BP:		123/73	109/69	129/73
Pulse:		124	68	78
Resp:	20	18	18	17
Temp:		99.8 °F (37.7 °C)	99 °F (37.2 °C)	100 °F (37.8 °C)
SpO2:		95%	94%	93%

Temp: [98.3 °F (36.8 °C)-100.5 °F (38.1 °C)] 100 °F (37.8 °C)
Heart Rate: [68-131] 78
Resp: [11-24] 17
BP: (109-144)/(67-97) 129/73
FiO2 (%): [100 %] 100 %

I/O
07/25 0701 - 07/26 0700
In: 3225 [I.V.:2625]
Out: 2650 [Urine:2350; Drains:150]

Diet:
Regular diet; Effective Now;

Physical Exam:
General: NAD,[BC.1T] Lethargic[BC.1M]
HEENT: NC, AT, PERRLA
Resp: CTA[BC.1T] b/l[BC.1M], Respirations unlabored, no increased WOB
CV:[BC.1T] RRR, No M/R/Gs[BC.1M]
Abd: Soft, NT,[BC.1T] Hypoactive BS[BC.1M]
Extr:[BC.1T] Paraplegic[BC.1M], skin warm and dry

Labs:[BC.1T]
Vanc trough 13.9[BC.1M]

Current Medications:

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

Scheduled Meds:

• amitriptyline	50 mg	Oral	HS
• amLODIPine	10 mg	Oral	Daily
• ARIPiprazole	2 mg	Oral	Daily
• artificial tears		Ophthalmic	QHS
• baclofen	10 mg	Oral	BID
• gabapentin	800 mg	Oral	TID
• hydroCHLOROthiazide	25 mg	Oral	Daily
• meropenem	1,000 mg	IV Piggyback	Q8H
• tiotropium	18 mcg	Inhalation	Daily
• triamcinolone		Topical	TID
• vancomycin	1,750 mg	IV Piggyback	Q 12 hrs (vanc)

PRN Meds:
acetaminophen, diazePAM, oxyCODONE, vancomycin - per pharmacy (REQUIRED) placeholder

Assessment:
Carlos C Hall is a 44 y.o.[BC.1T] paraplegic[BC.1M] male with[BC.1T] with MRSA vertebral osteomyelitis and ESBL E coli that had NSGY for laminectomy of epidural abscess. Last night was eventful, he reported that his wife stole his wallet and truck then took off to Memphis. He wanted to leave AMA to go get them. The on call resident convinced him to stay and the police were called to report his stolen wallet. Psychiatry was consulted for determination of capacity (no note yet). He was given ativan and seroquel to calm him down. This morning he is still concerned about the wallet but would not speak about much else. He mentioned "suicide" several times but was not speaking clearly so that was the only word we could differentiate. Will consult psychiatry again.[BC.1M]

Plan:[BC.1T]
1) MRSA Osteomyelitis with discitis L3-L4 and epidural abscess[BC.1C] **S/p**[BC.1M] **L4/5 TLIF with autograft bone and abscess drainage**
- Continue Vanc[BC.1C] day 4[BC.1M]
- Continue gabapentin, tylenol, and oxycodone prn for pain

2) Catheter associated UTI
- Suprapubic catheter for neurogenic bladder
- Consult urology to change SPC
-[BC.1C] Continue[BC.1M] IV Meropenem[BC.1C] day 2
- Waiting for fosfomycin sensitivites[BC.1M]

3) Schizophrenia
- Continue Arpiprazole

4) HTN
- Continue Amlodipine and HCTZ

5) Hypokalemia

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Allied Health Progress Notes (continued)

Version 1 of 1

Author: Deana J Wyatt, OT | Service: Rehab Therapy | Author Type: Occupational Therapist
Filed: 7/27/2018 11:34 AM | Date of Service: 7/27/2018 11:33 AM | Status: Signed
Editor: Deana J Wyatt, OT (Occupational Therapist)

Attempted OT eval this am; MD with pt and transport waiting to take pt to xray. Will cont to follow.[DW.1M]

Electronically signed by Deana J Wyatt, OT at 7/27/2018 11:34 AM

Attribution Key

DW.1 - Deana J Wyatt, OT on 7/27/2018 11:33 AM
M - Manual

Valerie Shepherd, PT at 7/27/2018 1:44 PM

Version 1 of 1

Author: Valerie Shepherd, PT | Service: Rehab Therapy | Author Type: Physical Therapist
Filed: 7/27/2018 1:54 PM | Date of Service: 7/27/2018 1:44 PM | Status: Signed
Editor: Valerie Shepherd, PT (Physical Therapist)

PHYSICAL THERAPY EVALUATION

General Information

Eval Date: 07/27/18
PT Eval Start Time: 0957
PT Eval Stop Time: 1005

Medical Diagnosis: Principal Problem:
Vertebral osteomyelitis (HCC)[VS.1T] s/p TLIF L4,5 POD 2[VS.1M]
Active Problems:
Hypertension
Neurogenic bladder
Presence of indwelling urethral catheter
Staphylococcus aureus bacteremia

Past Medical History:
Past Medical History:

Diagnosis	Date
• Chronic back pain	
• Chronic pain due to trauma	

GSW
- Cocaine use
  7/10/15- Advance Pain Tx called stating pt had tested positive for cocaine so he was fired from their clinic and was not given a pain script
- Drug-seeking behavior
- History of gunshot wound 6/11/12
  chest and abdomen
- Hypertension
- Late effect of spinal cord injury
- Paraplegia (HCC)
- Schizophrenia (HCC)
- Spinal cord injury at T7-T12 level without injury of spinal bone 6/11/12
  fracture left lamina of L1; bullet entered into canal at T12-L1 level

Past Surgical History:
Past Surgical History:

Procedure	Laterality	Date
• ARTERY SURGERY *on the brachial artery*		
• ELBOW ARTHROSCOPY W/ ARTHROTOMY *Procedure: ARTHROTOMY, ELBOW; Surgeon: Mark A Tait, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	6/5/2018
• EXPLORATORY LAPAROTOMY		
• FASCIOTOMY		
• FEMUR NANCY NAIL INSERTION *Procedure: INSERTION IM NAIL FEMUR; Surgeon: Regis L Renard, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	10/24/2017
• LAPAROSCOPIC HYSTERECTOMY *GSW*		2012

Reason for Visit:[VS.1T] pt admitted due to back pain and s/p sx POD 2 that needs assessment for d/c needs. Pt also tested positive for cocaine, PCP, and benzo's upon admit per chart. Pt with multiple recent admits and left AMA each time.[VS.1M]

General Observations:[VS.1T] 44 y.o. Paraplegic in sidelying with davol and catheter noted. NO family present.[VS.1M]

Patient/Family Goals:[VS.1T] home with family[VS.1M]

Precautions/Limitations:[VS.1T] contact precautions and fall precautions[VS.1M]
LDA:[VS.1T] foley and IV[VS.1M]
Weight Bearing Status:[VS.1T] No weight bearing restrictions[VS.1M]

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Allied Health Progress Notes (continued)

Previous Level of Function
Ambulation Skills:[VS.1T] unable to perform[VS.1M]
Transfer Skills:[VS.1T] independent bed to w/c , ind with w/c mobility[VS.1M]
Work/Leisure Activity:[VS.1T]disability[VS.1M]

Home Setting
Living Situation:[VS.1T] lives with their family, states son will assist him at home[VS.1M]
The patient lives in a[VS.1T] single family home[VS.1M]
Layout of Home:[VS.1T] One Level[VS.1M]
Number of Stairs/Steps to Enter Home:[VS.1T] 0[VS.1M]
DME Available:[VS.1T] wheelchair, standard[VS.1M]

Pain
Current Visit Pain:[VS.1T] 7/10, Location: back, rn aware and RN not notified[VS.1M]

Cognitive Status
Orientation:[VS.1T] oriented to person, place, time/date and situation[VS.1M]
Level of Consciousness:[VS.1T] alert[VS.1M]
Follows Commands and Answers Questions:[VS.1T] 100% of the time[VS.1M]
Patient Safety and Judgment:[VS.1T] intact[VS.1M]

Perception
Inattention/Neglect:[VS.1T] appears intact[VS.1M]
Motor Planning:[VS.1T]Functional[VS.1M]
Perseveration:[VS.1T] intact[VS.1M]

Range of Motion
UE:[VS.1T] Full in all extremities[VS.1M]
LE:[VS.1T] pt did not attempt to assist with sidelying arom. Pt states he could perform heel slides prior to rx but with foot drop bil.[VS.1M]

Manual Muscle Testing
RUE:[VS.1T] 5[VS.1M]
LUE:[VS.1T] 5[VS.1M]

Muscle Tone
RUE:[VS.1T] Normal[VS.1M]
LUE:[VS.1T] Normal[VS.1M]
RLE:[VS.1T] Hypertonic[VS.1M]
LLE:[VS.1T] Hypertonic[VS.1M]

Coordination[VS.1T]

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07/22/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Allied Health Progress Notes (continued)

normal[VS.1M]

Skin Integrity[VS.1T]
intact[VS.1M]

Edema[VS.1T]
Absent[VS.1M]

Bed Mobility[VS.1T]
Pt refused rolling/sitting up due to back pain.[VS.1M]

Activity Tolerance
Endurance:[VS.1T] Tolerate 10 - 20 min exercise with multiple rests[VS.1M]

AM- PAC

AMPAC Basic Mobility Raw Score (of 20): 7 points, AMPAC Percentage of Limitation (of 20): 84.99%

Clinical Impression
Problem List:[VS.1T] Decreased transfers and Decreased bed mobility[VS.1M]
Patient Response to Treatment:[VS.1T] Increased pain with activity[VS.1M]
Summary Assessment:[VS.1T] Paraplegic male s/p back sx and limited with eval due to c/o back pain. Pt with hx of leaving AMA and testing positive for multiple drugs upon admit. Pt states he has assist at home and plans on d/c back home. No DME needed per pt.[VS.1M]
Rehab Potential:[VS.1T] fair, as the following barriers to healing and/or progress are present: past medical history/co-morbidities as listed above in active problem list, substance abuse/dependence and chronic mental illness[VS.1M]

PT Goals

Multidisciplinary Problems (Active)

Problem: PT Long Term Goals
Dates: Start: 07/27/18
Goal: LTG-Supine to sit
Dates: Start: 07/27/18 Expected End: 08/03/18
Description: LTG-Patient to perform supine to sit with mod ind
Outcomes:

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Adm: 7/22/2018, D/C: 7/29/2018

Goal: LTG-Bed to/from chair
Dates: Start: 07/27/18 Expected End: 08/03/18
Description: LTG-Patient to perform bed to/from chair with min assist
Outcomes:

Goal: LTG-HEP
Dates: Start: 07/27/18 Expected End: 08/03/18
Description: LTG-Patient to perform HEP independently.
Outcomes:

Multidisciplinary Problems (Resolved)

There are no resolved problems.

Plan
Treatment Plan established with Patient/Caregiver:[VS.1T] Yes[VS.1M]
Planned Treatment Interventions:[VS.1T] Bed mobility training and Transfer training[VS.1M]
Therapy Frequency:[VS.1T] Daily[VS.1M]
Therapy Predicted Duration:[VS.1T] 1 week, then reassess if needed[VS.1M]

Recommendations
D/C Placement Recommendations :[VS.1T]Home with assistance from family/friends[VS.1M]
Equipment Recommendations:[VS.1T] none[VS.1M]

VALERIE SHEPHERD, PT
7/27/2018
1:44 PM[VS.1T]

Electronically signed by Valerie Shepherd, PT at 7/27/2018 1:54 PM

Attribution Key

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Adm: 8/4/2018, D/C: 8/10/2018

08/04/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

Neutrophils, Absolute	4.03
Lymphocytes, Absolute	1.56
Monocytes, Absolute	0.57
Eosinophils, Absolute	0.21
Basophils, Absolute	0.05
Immature Grans, Absolute	0.07

	8/6/2018 04:38
Sodium	138
Potassium	3.1 (L)
Chloride	106
CO2	24
BUN	4 (L)
Creatinine	0.7
eGFR	>59.0
Calcium	8.0 (L)
Phosphorus	3.2
Magnesium	1.7
Anion Gap	8
Glucose	137 (H)
Vancomycin Trough	18.8[MM.1C]

Blood culture 8/4/18 - GPCs, probable staph
Urine culture 8/4/18 - Acinetobacter baumannii[MM.1M]

Assessment[MM.1C]
Principal Problem:
Vertebral osteomyelitis (HCC)
Active Problems:
Chronic back pain
Essential hypertension
Staphylococcus aureus bacteremia
Chronic paraplegia (HCC)
Neurogenic bowel[MM.2T]

Mr. Hall is a 44 y.o. man with active MRSA bacteremia (incompletely treated due to non-compliance with antibiotics), osteomyelitis/discitis of L4-L5 with epidrual abscess, recent septic arthritis of his elbow, paraplegia, neurogenic bladder with suprapubic cath, HTN, schizophrenia, and substance abuse who is admitted for worsening back pain and is s/p laminectomy of L4/5 with NSGY on 7/25, continuing IV Vancomycin.

Plan
MRSA bacteremia, osteomyelitis, septic arthritis

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08/04/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

- Underwent laminectomy of L4-L5 and bone graft for epidural abscess on 7/25
- Continue on IV vancomycin, anticipated course would be 6 weeks from day of surgery, however due to interrupted course, 6 weeks from resuming antibiotics would give stop date of 9/15/18
- Blood cultures on 8/4/18 without growth thus far, last positive blood culture on 7/25/18
- CT showed no worsening of his osteomyelitis and no interval compression fractures although limited somewhat by hardware

Hypokalemia (resolved)
- 3.[MM.1C]1[MM.1M] this AM, will continue to replace as needed

ESBL E c[MM.1C]oli and Acinetobacter baumannii[MM.1M]
- Patient had sub-optimal duration of antibiotics for[MM.1C] ESBL E coli sensitive to meropenem[MM.1M], however suprapubic cath exchanged[MM.1C] at last hospitalization.[MM.1M] Patient is likely persistently colonized. Will not resume treatment for ESBL E coli in urine at this time[MM.1C]. Now also growing Acinetobacter now growing in urine culture, however patient has been afebrile and no signs of active urine infection so will not treat for UTI at this time[MM.1M]

HTN
- Continue HCTZ and amlodipine

Schizophrenia
- Continue abilify daily

Chronic pain/Acute pain due to surgery
- Continue oxycodone-acetaminophen PRN and tylenol PRN for pain
- Continue baclofen for back spasms

Bowel Regimen: Miralax and colace
Access: PIV
DVT PPX: Lovenox
Diet: Regular
Code Status: Full Code

Patient was seen and examined with Attending of Record, Dr.[MM.1C] Burns,[MM.1M] MD who assisted in the formulation of the above plan. [MM.1C]

MORGAN R. MOORE, MD
8/6/2018 3:19 PM[MM.2T]

Electronically signed by Morgan R. Moore, MD at 8/6/2018 3.40 PM
Electronically signed by Matthew Burns, MD at 8/6/2018 9.41 PM

Attribution Key
MM.1 - Morgan R. Moore, MD on 8/6/2018 3:17 PM
MM.2 - Morgan R. Moore, MD on 8/6/2018 3:19 PM
C - Copied, M - Manual, T - Template

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MRN: 000411229, DOB [redacted] Sex: M
Adm: 8/4/2018, D/C: 8/10/2018

08/04/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

Thomas Augustine, MD at 8/7/2018 11:09 AM

Version 1 of 1

Author: Thomas Augustine, MD | Service: Med-Infectious Disease | Author Type: Resident
Filed: 8/7/2018 4:37 PM | Date of Service: 8/7/2018 11:09 AM | Status: Attested
Editor: Thomas Augustine, MD (Resident) | Cosigner: Matthew Burns, MD at 8/7/2018 10:32 PM

Attestation signed by Matthew Burns, MD at 8/7/2018 10:32 PM

I have seen and examined the patient and agree with Dr. Augustine's note, assessment, and plan of care that I helped formulate. Mr. Hall is doing fine. No fevers. Still has pain. Bcx on admit grew Micrococcus, skin contaminant. Repeat Bcx negative. Will get PICC line and start process to d/c home with HH and 6 weeks of IV antibiotics. Will add PO Rifampin today too due to retained back hardware.

Date of Service:[TA.1C] 8/7/2018[TA.2T]
Patient:[TA.1C] Carlos C Hall[TA.2T]
MRN:[TA.1C] 000411229[TA.2T]
Attending Physician:[TA.1C] M[TA.2T]atthew Burns, MD[TA.1M]
LOS:[TA.1C] LOS: 3 days[TA.2T]

Infectious Disease Team 6 Progress Note

Subjective:

Mr. Hall[TA.1C] was more cooperative with questions this morning. He complains of back pain. He believes his pain medication is insufficient for him as he used to get oxycodone 20 mg tid. But there is no recent records of he getting that dose in PMP. He doesn't want to stay in hospital for many days as he has an appointment with urologist next week. The original appointment is on 08/22/2018. Tried to convince him regarding the need for taking IV antibiotic for 6 weeks and he hopes he can be compliant with home health this time.[TA.1M]

Medications:[TA.1C]

• amitriptyline	50 mg	Oral	HS
• amLODIPine	10 mg	Oral	Daily
• ARIPiprazole	2 mg	Oral	Daily
• baclofen	10 mg	Oral	BID
• docusate sodium	100 mg	Oral	Q12H
• enoxaparin (LOVENOX) injection	40 mg	Subcutaneous	Daily (enoxaparin)
• gabapentin	400 mg	Oral	TID
• hydroCHLOROthiazide	25 mg	Oral	Daily

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08/04/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 1 of 2) (continued)

Kathryn A. Morris, RN CASE MANAGER at 8/8/2018 9:00 AM

Version 1 of 1

Author: Kathryn A. Morris, RN CASE MANAGER | Service: — | Author Type: Case Manager
Filed: 8/8/2018 10:41 AM | Date of Service: 8/8/2018 9:00 AM | Status: Signed
Editor: Kathryn A. Morris, RN CASE MANAGER (Case Manager)

Spoke to patients wife about discharge plans. I asked her how it went the last time he had I/V care at home. She stated in did not, he would not stay at the house and was not compliant with the medication. The I/V company was Red River.
The wife is going to talk to patient to see if he will be compliant or is he willing to go to a SNF to receive the medication.[KM.1M]

Electronically signed by Kathryn A. Morris, RN CASE MANAGER at 8/8/2018 10:41 AM

Attribution Key

KM.1 - Kathryn A. Morris, RN CASE MANAGER on 8/8/2018 10:38 AM
M - Manual

Kathryn A. Morris, RN CASE MANAGER at 8/8/2018 3:00 PM

Version 1 of 1

Author: Kathryn A. Morris, RN CASE MANAGER | Service: — | Author Type: Case Manager
Filed: 8/8/2018 5:12 PM | Date of Service: 8/8/2018 3:00 PM | Status: Signed
Editor: Kathryn A. Morris, RN CASE MANAGER (Case Manager)

Contacted Red River Pharmacy and spoke to Debbie Shamlin RN, she is going to check if they are willing to accept patient back for I/V services.He has no preference for HH.[KM.1M]

Electronically signed by Kathryn A. Morris, RN CASE MANAGER at 8/8/2018 5:12 PM

Attribution Key

KM.1 - Kathryn A. Morris, RN CASE MANAGER on 8/8/2018 5:09 PM
M - Manual

Kathryn A. Morris, RN CASE MANAGER at 8/9/2018 2:45 PM

Version 1 of 1

Author: Kathryn A. Morris, RN CASE MANAGER | Service: — | Author Type: Case Manager
Filed: 8/9/2018 3:51 PM | Date of Service: 8/9/2018 2:45 PM | Status: Signed
Editor: Kathryn A. Morris, RN CASE MANAGER (Case Manager)

Spoke to Red River and they will not take this patient back due to non-compliance.

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08/04/2018 - ED to Hosp-Admission (Discharged) In F6 - MED SPECIALTIES (continued)

Consult Notes (continued)

nausea.

- Continue vancomycin 1500 mg q12 hrs (goal trough of 15-20 mcg/mL).
- Will check vanc trough on 8/[KL.1C]10[KL.1M] with am blood draw and adjust dose as appropriate.[KL.1C]
- This dose is suitable for discharge, if patient is D/C on HH abx. Levels weekly. Doses may be adjusted by HH pharmacist[KL.1M]
- Monitor I/Os and serum creatinine daily.

Pharmacy appreciates the consult and will continue to follow patient until discontinuation of vancomycin.

Please contact me with any questions.

KATHERINE LUSARDI, PharmD, BCPS-AQ ID
Pager: 405-4843[KL.1C]
7:35 AM[KL.1T]

Electronically signed by Katherine Lusardi, PharmD at 8/8/2018 7:36 AM

Attribution Key

KL.1 - Katherine Lusardi, PharmD on 8/8/2018 7:35 AM
C - Copied, M - Manual, T - Template

Ron Throneberry, RN at 8/8/2018 11:59 AM

Version 1 of 1

Author: Ron Throneberry, RN | Service: — | Author Type: Vascular Access RN
Filed: 8/8/2018 12:05 PM | Date of Service: 8/8/2018 11:59 AM | Status: Signed
Editor: Ron Throneberry, RN (Vascular Access RN)

Consult Orders
1. Consult CVL Clinic(PICC/CVL/IPORT) [90911055] ordered by Morgan R. Moore, MD at 08/08/18 1031

PROCEDURE: PICC (peripherally-inserted central catheter) line placement utilizing modified Seldinger technique with ultrasound guidance and ECG technology.

DIAGNOSIS:[RT.1T] Bacteremia[RT.1M]

STAFF:[RT.1T] Ochoa,Daniela A, MD[RT.1M].

DESCRIPTION OF PROCEDURE: A consult was received from Michael Saccente, MD to evaluate this patient for PICC line placement. Upon evaluation Carlos C Hall was found to be an acceptable candidate. The PICC Site:[RT.1T]Right/Brachial[RT.1M] area was then pre-scanned. The vessel was found to be of adequate size, The PICC site:[RT.1T]Right/Brachial[RT.1M] was then prepped and draped in the usual sterile fashion, utilizing maximum sterile barriers and[RT.1T] chlorhexidine[RT.1M] Solution. The site was then anesthetized with local anesthetic. Then utilizing ultrasound guidance (image on file), the PICC Site:[RT.1T]Right/Brachial[RT.1M] vein was accessed with:[RT.1T] 2[RT.1M] attempts. At this time, utilizing a modified Seldinger technique,[RT.1T] the introducer was advanced but met

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08/04/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Consult Notes (continued)

significant resistance causing Mr. Hall pain. Mr. Hall asked for the procedure to be stopped and did not wish to attempt placement on the left.[RT.1M] Hemostasis was achieved. Patient tolerated procedure with minimal discomfort:[RT.1T] no[RT.1M]. The procedure was performed by myself, under the staff direction of STAFF:[RT.1T] Ochoa,Daniela A, MD[RT.1M].[RT.1T]

Electronically signed by Ron Throneberry, RN at 8/8/2018 12:05 PM

Attribution Key

RT.1 - Ron Throneberry, RN on 8/8/2018 11:59 AM
M - Manual, T - Template

Rina Wooten, RN at 8/9/2018 3:05 PM

Version 1 of 1

Author: Rina Wooten, RN | Service: Surgery-Oncology | Author Type: Vascular Access RN
Filed: 8/9/2018 3:06 PM | Date of Service: 8/9/2018 3:05 PM | Status: Signed
Editor: Rina Wooten, RN (Vascular Access RN)

Consult Orders
1. Consult CVL Clinic(PICC/CVL/IPORT) [91068439] ordered by Thomas Augustine, MD at 08/09/18 1405

PROCEDURE: PICC (peripherally-inserted central catheter) line placement utilizing modified Seldinger technique with ultrasound guidance and ECG technology.

DIAGNOSIS:[RW.1T] Bacteremia[RW.1M]

STAFF:[RW.1T] S.Johnson,md[RW.1M].

DESCRIPTION OF PROCEDURE: A consult was received from Michael Saccente, MD to evaluate this patient for PICC line placement. Upon evaluation Carlos C Hall was found to be an acceptable candidate. The PICC Site:[RW.1T]Left/Basilic[RW.1M] area was then pre-scanned. The vessel was found to be of adequate size, The PICC site:[RW.1T]Left/Basilic[RW.1M] was then prepped and draped in the usual sterile fashion, utilizing maximum sterile barriers and[RW.1T] chlorhexidine[RW.1M] Solution. The site was then anesthetized with local anesthetic. Then utilizing ultrasound guidance (image on file), the PICC Site:[RW.1T]Left/Basilic[RW.1M] vein was accessed with:[RW.1T] 1[RW.1M] attempts. At this time, utilizing a modified Seldinger technique, a size:[RW.1T]4-French[RW.1M],[RW.1T] Single Lumen[RW.1M] PICC lot #[RW.1T] MLCN130[RW.1M], was then cut a total of[RW.1T] 50[RW.1M]cm threaded[RW.1T] 48[RW.1M]cm without difficulty, total exposed catheter length[RW.1T] 2[RW.1M]cm. A positive blood return was achieved through all lumens of the catheter. The stylet was removed and a/an infusion cap(s) placed. The catheter lumen(s) was/were then flushed with normal saline and heparinized with 1 ml of 1:100 strength heparin. A Bio-occlusive dressing with a sub-cutaneous securement device and a CHG impregnated sponge was applied. Hemostasis was achieved. Utilizing ECG technology, bundle protocol was met and documented in chart. PICC was cleared for use. Instruction booklets for care and maintenance of the catheter, along with contact phone numbers, were given to the

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08/04/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Consult Notes (continued)

patient. Orders were also placed on EPIC for bedside care and maintenance. Patient tolerated procedure with minimal discomfort:[RW.1T] yes[RW.1M]. The procedure was performed by myself, under the staff direction of STAFF:[RW.1T] S.Johnson,md[RW.1M].[RW.1T]

Electronically signed by Rina Wooten, RN at 8/9/2018 3:06 PM

Attribution Key

RW.1 - Rina Wooten, RN on 8/9/2018 3:05 PM
M - Manual, T - Template

Op/Procedure Notes

Procedures

Ron Throneberry, RN at 8/8/2018 11:58 AM

Version 1 of 1

Author: Ron Throneberry, RN | Service: — | Author Type: Vascular Access RN
Filed: 8/8/2018 11:59 AM | Date of Service: 8/8/2018 11:58 AM | Status: Signed
Editor: Ron Throneberry, RN (Vascular Access RN)

Procedure Orders
1. Central line [90911063] ordered by Ron Throneberry, RN

Post-procedure Diagnoses
1. Staphylococcus aureus bacteremia

PICC Placement[RT.1M]
Date/Time:[RT.1T] **8/8/2018 11:58 AM**[RT.1M]
Performed by:[RT.1T] **THRONEBERRY, RON**[RT.1M]
Authorized by:[RT.1T] **SACCENTE, MICHAEL**[RT.1M]
Consent:[RT.1T] Written consent obtained[RT.1M].
Risks and benefits:[RT.1T] risks, benefits and alternatives were discussed[RT.1M]
Consent given by:[RT.1T] **patient**[RT.1M]
Time Out:[RT.1T] immediately prior to the procedure a time out was called[RT.1M]
Time Out Start Time:[RT.1T] 11:00[RT.1M]
Verified patient ID:[RT.1T] with patient, date of birth and armbandVerified correct procedure Verified consentSite/Side verified[RT.1M]

Site/Side marked:[RT.1T] Not applicable[RT.1M]
Test results available and properly labeled:[RT.1T] Not applicable[RT.1M]
Imaging studies available if indicated:[RT.1T] Not applicable[RT.1M]
Required blood products, implants, devices, and special equipment available if indicated:[RT.1T] Not applicableNot

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Adm: 8/4/2018, D/C: 8/10/2018

08/04/2018 - ED to Hosp-Admission (Discharged) in F6 - MED SPECIALTIES (continued)

Clinical Notes (group 2 of 2) (continued)

Alma Almira Sy, RN at 8/9/2018 6:57 AM

Version 1 of 1

Author: Alma Almira Sy, RN | Service: — | Author Type: Registered Nurse
Filed: 8/9/2018 6:58 AM | Date of Service: 8/9/2018 6:57 AM | Status: Signed
Editor: Alma Almira Sy, RN (Registered Nurse)

Informed Dr. Morgan Moore That pt refused am labs and he requested to be done later[AS.1M]

Electronically signed by Alma Almira Sy, RN at 8/9/2018 6:58 AM

Attribution Key

AS.1 - Alma Almira Sy, RN on 8/9/2018 6:57 AM
M - Manual

Latoya Abraham, RN at 8/10/2018 1:06 PM

Version 2 of 2

Author: Latoya Abraham, RN | Service: — | Author Type: Registered Nurse
Filed: 8/10/2018 5:28 PM | Date of Service: 8/10/2018 1:06 PM | Status: Addendum
Editor: Latoya Abraham, RN (Registered Nurse)

1015 Contacted team 6 per pt who was complaining of severe pain. Administered PRN oxycodone to pt who states that medication is not going to do anything for him. Team 6 states that they will not be prescribing IV morphine for pt and that dose that was administered was only for insertion of PICC. Pt states that he will leave and go to another facility.
1308 contacted team 6 for pt in regards to constant pain that he is experiencing in his back.[LA.1M]
1700 spoke with team 6 states they are comfortable discharging pt to home as long as wife is comfortable with caring for PICC after one on one teaching from RN.[LA.2M]

Electronically signed by Latoya Abraham, RN at 8/10/2018 5:28 PM

Attribution Key

LA.1 - Latoya Abraham, RN on 8/10/2018 1:06 PM
LA.2 - Latoya Abraham, RN on 8/10/2018 5:26 PM
M - Manual

Version 1 of 2

Author: Latoya Abraham, RN | Service: — | Author Type: Registered Nurse
Filed: 8/10/2018 1:10 PM | Date of Service: 8/10/2018 1:06 PM | Status: Signed
Editor: Latoya Abraham, RN (Registered Nurse)

1015 Contacted team 6 per pt who was complaining of severe pain. Administered PRN oxycodone to pt who states that medication is not going to do anything for him. Team 6 states that they will not be prescribing IV morphine for pt and that dose that was administered was only for insertion of PICC. Pt states that he will leave and go to another

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Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Visit date: 1/4/2019

01/04/2019 - Orders Only in Infectious Disease Clinic

Other Doctors' Notes

Progress Notes

Mary J Burgess, MD at 1/4/2019 10:06 AM

Version 1 of 1

Author: Mary J Burgess, MD
Filed: 1/4/2019 10:17 AM
Editor: Mary J Burgess, MD (Physician)

Service: —
Encounter Date: 1/4/2019

Author Type: Physician
Status: Signed

Mr. Hall has a h/o recurrent MRSA infections/bacteremias and was most recently admitted for MRSA L4-5 vertebral osteomyelitis. He underwent disketomy, removal of old hardware, bone grafting and placement of biomechanical cage. He was discharged on IV daptomycin, with plans to continue until 1/20. However, he was fired from HH on 1/2 due to noncompliance and HH nurse safety concerns. I spoke with him this morning, and he said that he was on his way to the clinic to have the PICC line removed. I have ordered oral doxycycline for him to take for 6 months, possibly longer based on ID f/u. He has ID f/u scheduled with Dr. Davis on 1/22.

Electronically signed by Mary J Burgess, MD at 1/4/2019 10:17 AM

END OF REPORT

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Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Adm: 1/5/2019, D/C: 1/5/2019

01/05/2019 - ED in Emergency Department

Other Doctors' Notes

ED Provider Notes

Bethany J Ruby, DO at 1/5/2019 9:09 AM

Version 1 of 1

Author: Bethany J Ruby, DO
Filed: 1/5/2019 9:18 AM
Editor: Bethany J Ruby, DO (Resident)

Service: Emergency Medicine
Date of Service: 1/5/2019 9:09 AM

Author Type: Resident
Status: Attested
Cosigner: Jerrilyn D Jones, MD at 1/22/2019 4:00 PM

Attestation signed by Jerrilyn D Jones, MD at 1/22/2019 4:00 PM

ED ATTENDING ATTESTATION

I performed a history and physical examination of the patient and discussed the management with the resident. I was present for key portions of the procedure(s) performed. I agree with the findings and plan of care as documented in the resident's note except as indicated below.

Jerrilyn Jones, MD, MPH
Assistant Professor
Department of Emergency Medicine

Date of Service: 01/05/2019

History

Chief Complaint
Patient presents with
- Addiction Problem

45-year-old male with past medical history gunshot wound resulting in paraplegia, hypertension, cocaine abuse, schizophrenia presents with chief complaint paranoia after cocaine abuse. Per EMS they state the patient called further assistance from his home and stated that he felt like his family was poisoning him. Patient reports cocaine abuse today. Patient initially reported suicidal ideation to the paramedics however denies upon initial evaluation. Appropriate history is limited to patient's flight of ideas after his cocaine abuse.

The history is provided by the patient.
Mental Health Problem
Presenting symptoms: **agitation**, **disorganized speech** and **paranoid behavior**
Presenting symptoms: **no suicidal thoughts**
Degree of incapacity (severity): **Moderate**
Onset quality: **Sudden**
Timing: **Constant**
Chronicity: **Recurrent**
Context: **drug abuse**

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Adm: 1/5/2019, D/C: 1/5/2019

01/05/2019 - ED in Emergency Department (continued)

Other Doctors' Notes (continued)

Associated symptoms: **anxiety**
Associated symptoms: **no abdominal pain** and **no chest pain**

Past Medical History:

Diagnosis	Date
• ACE inhibitor-aggravated angioedema	7/18/2016
• Chronic back pain	
• Chronic pain due to trauma *GSW*	
• Chronic paraplegia (HCC) *GSW to T12 in 2012*	7/27/2018
• Difficult intravenous access	12/4/2018
• Drug-seeking behavior	
• History of gunshot wound *chest and abdomen*	6/11/12
• Hx of cocaine abuse *7/10/15- Advance Pain Tx called stating pt had tested positive for cocaine so he was fired from their clinic and was not given a pain script*	12/04/2018
• Hypertension	
• Late effect of spinal cord injury	
• Neurogenic bladder	7/22/2015
• Neurogenic bowel	7/27/2018
• Schizophrenia (HCC)	
• Septic olecranon bursitis of left elbow	6/25/2018
• Spinal cord injury at T7-T12 level without injury of spinal bone (HCC) *fracture left lamina of L1; bullet entered into canal at T12-L1 level*	6/11/12
• Tobacco abuse	12/4/2018
• Vertebral osteomyelitis (HCC) *Added automatically from request for surgery 532246*	7/22/2018

Past Surgical History:

Procedure	Laterality	Date
• ARTERY SURGERY *on the brachial artery*		
• ELBOW ARTHROSCOPY W/ ARTHROTOMY *Procedure: ARTHROTOMY, ELBOW; Surgeon: Mark A Tait, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	6/5/2018
• EXPLORATORY LAPAROTOMY		
• FASCIOTOMY		
• FEMUR NANCY NAIL INSERTION *Procedure: INSERTION IM NAIL FEMUR; Surgeon: Regis L Renard, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	10/24/2017
• FEMUR SURGERY	Left	
• LAPAROTOMY *GSW*		2012
• LUMBAR LAMINECTOMY *Procedure: L4/5 DISCECTOMY AND L3-S1 INSTRUMENTATION AND FUSION; Surgeon: Hazem*	Midline	7/25/2018

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4301 West Markham Street
Slot #524
Little Rock AR 72205

Hall, Carlos Cortez
MRN: 000411229, DOB [redacted] Sex: M
Adm: 1/5/2019, D/C: 1/5/2019

01/05/2019 - ED In Emergency Department (continued)

Other Doctors' Notes (continued)

Bacteria	>1,800 (H)	<=10 HPF
Triplephos Crystals, Urine	present	/HPF

Drug Screen 8

Result	Value	Ref Range
AMPHETAMINE + METHAMPHET.	Negative	Negative
Barbiturate Screen, Ur	Negative	Negative
Benzodiazepine Screen, Urine	Negative	Negative
THC	Negative	Negative
COCAINE	Positive (A)	Negative
Methadone Screen, Urine	Negative	Negative
Opiate, Ur	Negative	Negative
PCP	Positive (A)	Negative

EMERGENCY DEPARTMENT MEDS GIVEN:
Medications - No data to display

RADIOLOGY:
No orders to display

Assessment/Plan:

Carlos C Hall is a 45 y.o. male with a past medical history gunshot wound resulting in paraplegia, hypertension, cocaine abuse, schizophrenia presents with chief complaint paranoia after cocaine abuse. CC stable from prior. BMP reveals no acute abnormalities. Urinalysis appears have urinary tract infection however this urine was pulled from a suprapubic catheter Foley bag, patient is currently on antibiotics. Urine drug screen positive for cocaine and PCP. Patient was allowed to sober in the emergency department and was requesting to leave, he denies suicidal, homicidal ideations or auditory or visual hallucinations. Patient states that he would like to call his father and states that he feels safe to go home with his family despite his prior statements of believes that the he felt they were poisoning him. Pt is stable and in no acute distress, and they do not require inpatient supportive/symptomatic treatment or therapies at this time. Pt stable for discharge at this time. Patient's father was called who came to the emergency department and picked him up.

The evaluation and findings along with the disposition, and plan of care were discussed with the patient. The patient agreed and stated understanding. Emergency precautions were discussed, and the patient was instructed return to the ED for any worsening of symptoms, persistent complaints, or further concerns. Pt given written and verbal discharge instructions and return precautions.

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Visit date: 1/10/2019

01/10/2019 - Telephone in Infectious Disease Clinic (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Kevin A. Davis, MD at 1/10/2019 1:57 PM

Version 1 of 1

Author: Kevin A. Davis, MD
Filed: 1/10/2019 2:08 PM
Editor: Kevin A. Davis, MD (Fellow)

Service: —
Encounter Date: 1/10/2019

Author Type: Fellow
Status: Signed

ID clinic has attempted to get in contact with Mr. Hall to get PICC line removed and to start on Doxycycline. Our clinic nurse, Melinda Standridge, attempted multiple times last week with different numbers available. Dr. Burgess electronically sent in a prescription for doxycycline to the listed pharmacy on 1/4. I noted that Mr. Hall was seen again in ED on 1/5 for paranoia after cocaine use, where he was discharged. It appears he still had picc line at that time. I called Mr. Hall again at both numbers listed. I left a message at 501-777-2248 and gave a call back number to my cell phone. I also called the alternate number listed with no answer and no voicemail. I will await Mr. Hall's phone call. At this point we have tried multiple different avenues on multiple different occasions to get a hold of Mr. Hall. If Mr. Hall presents for care for another purpose, our plan is to ensure PICC line has been removed and for him to take Doxycycline for at least 6 months for refractory MRSA.[KD.1M]

Electronically signed by Kevin A. Davis, MD at 1/10/2019 2:08 PM

Attribution Key

KD.1 - Kevin A. Davis, MD on 1/10/2019 1:57 PM
M - Manual

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Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted], Sex: M
Visit date: 1/24/2019

01/24/2019 - Office Visit in Neurosurgery Clinic

Other Doctors' Notes

Progress Notes

Viktoras Palys, MD at 1/24/2019 1:15 PM

Version 1 of 1

Author: Viktoras Palys, MD | Service: — | Author Type: Physician
Filed: 1/25/2019 7:22 PM | Encounter Date: 1/24/2019 | Status: Signed
Editor: Viktoras Palys, MD (Physician)

NEUROSURGERY CLINIC NOTE

Patient: Hall, Carlos C

Location: Jackson T. Stephens neurosurgery clinic (UAMS)

Neurosurgery Attending: Dr. Viktoras Palys

REASON FOR CLINIC VISIT:
Surgical follow up after spinal fusion revision

HPI:
45 yo M with history of spine GSW (2012) with bullet lodged in spinal canal (at T12 level) and ASIA C T12 SCI, neurogenic bladder w/ suprapubic catheter, schizophrenia, chronic cocaine and opiate drug use.
He had L3-S1 posterolateral fusion with L4-5 interbody fusion (using autograft) due to osteodiscitis at the same level (7/25/2018 by Dr. Ahmed). OR Cx MRSA - the patient was supposed to complete 6 weeks of IV Vancomycin along w/ Rifampin but left AMA on 7/29, prior to completion of antibiotics.
Now presents with MRSA bacteremia and worsening LBP. On exam, scar healed. Motor in legs - proximal 4/5, distal 0/5. Almost normal sensation in legs.
CT w/wo shows lucencies around L3 and S1 screws; also compaction of L4-5 interbody allograft with haloing around it. No signs of drainable fluid collection. He underwent L4-5 XLIF two days ago. After all risks, benefits, natural history, and alternatives were fully discussed, the patient agreed to proceed with 2nd part of the surgery.

Procedure Date: 12/10/2018
PROCEDURE PERFORMED: Exploration of L3-S1 fusion followed by complete removal of posterior instrumentation. L3-S1 posterolateral fusion extension to L2 and iliac bone with pedicle screw fixation using neuronavigation and posterolateral arthrodesis with rods and auto and allograft morcellized bone. Intraoperative fluoroscopy interpretation.
PROCEDURE FINDINGS: Loose all pedicle screws from previous instrumentation.
SURGICAL IMPLANTS: Medtronic Solera polyaxial pedicle screws 6.5 mm (to L2), 7.5 mm (to L4-5), 8.5 mm (to S2-iliac). Titanium rods 150 mm (x2), MagniFuse 10+5 cm (x2).
SURGICAL EXPLANTS: Medtronic hardware - 8 pedicle screws, 2 rods.

1/5/2019: visit to ED with paranoia after cocaine abuse.

Today: pain back > legs.

IMAGINGS

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MRN: 000411229, DOB: [redacted] Sex: M
Adm: 2/25/2019, D/C: 2/28/2019

02/25/2019 - ED to Hosp-Admission (Discharged) in H6 SHORT STAY UNIT (continued)

Consult Notes (continued)

Electronically signed by Gavin D Jones, PharmD at 2/25/2019 1:36 PM

Stacey Webb, BSN, RN, CWCN at 2/26/2019 9:04 AM

Version 1 of 1

Author: Stacey Webb, BSN, RN, CWCN | Service: — | Author Type: WOCN Registered Nurse
Filed: 2/26/2019 1:34 PM | Date of Service: 2/26/2019 9:04 AM | Status: Signed
Editor: Stacey Webb, BSN, RN, CWCN (WOCN Registered Nurse)

Consult Orders
1. Admission referral to Wound Care [100705120] ordered by Sania Sultana, MD at 02/26/19 0040

WOUND CONSULT: Pressure ulcer to right ankle.

HISTORY: Pt is 45 y.o. male admitted for UTI. Pt has hx of paraplegia 2/2 spinal cord injury from GSW involving T12 in 2012, neurogenic bladder with suprapubic catheter, HTN, schizophrenia, cocaine abuse, history MRSA bacteremia from the of June 2018 complicated by right elbow septic arthritis, left elbow bursitis and vertebral osteomyelitis with epidural abscess (s/p laminectomy and TLIF with auto bone graft) s/p fixation with laminectomy/disectomy on 7/25 followed by 6 weeks of IV Vancomycin and PO rifampin and then hx of hardware infection with evidence of phlegmon growing MRSA s/p complete removal of posterior instrumentation L3-S1 then fusion extending from L2 to S1 and Iliac bone with pedicle fixation and completed 6 weeks of IV daptomycin and now on doxycycline, and recurrent UTI.

ASSESSMENT: Pt has fissure to gluteal cleft. Wound measures 2x0.2cm. Wound bed pink tissue. No odor, scant serous exudate. Peri wound intact. Pt has stage II pressure injury to right ankle. Wound measures 1x0.8x0.2cm. Wound bed pink tissue. No odor, scant serosanguinous exudate. Peri wound intact. Pt has closed incision to lower back with sutures in place. Pts RN notified MD regarding removal of sutures. Wound to right lateral ankle cleansed with normal saline. Poly mem applied to wound bed then covered with foam dressing. Hydraguard applied to fissure to gluteal cleft. Pt on low air loss mattress.

RECOMMENDATIONS:
1) Specialty matress
2) Dress wound to right lateral ankle using polymem and foam dressing.
3) Hydraguard to sacrum and buttocks twice daily and PRN
4) Turn pt every two hours
5) Off load heels

Electronically signed by Stacey Webb, BSN, RN, CWCN at 2/26/2019 1:34 PM

Rebecca Powell, RD at 2/26/2019 12:40 PM

Version 1 of 1

Author: Rebecca Powell, RD | Service: — | Author Type: Registered Dietitian
Filed: 2/26/2019 12:50 PM | Date of Service: 2/26/2019 12:40 PM | Status: Signed
Editor: Rebecca Powell, RD (Registered Dietitian)

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Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted], Sex: M
Adm: 3/4/2019, D/C: 3/4/2019

03/04/2019 - ED in Emergency Department

Other Doctors' Notes

ED Provider Notes

Zachary B Lewis, MD at 3/4/2019 4:58 PM

Version 2 of 2

Author: Zachary B Lewis, MD | Service: Med-Pulmonary/Critical Care | Author Type: Physician
Filed: 3/4/2019 9:10 PM | Date of Service: 3/4/2019 4:58 PM | Status: Signed
Editor: Zachary B Lewis, MD (Physician)

History

Chief Complaint
Patient presents with
- Back Pain
- Leg Swelling

Mr. Hall. a 45-year-old gentleman with extensive past medical history including paraparesis, hypertension, multisubstance abuse, gunshot injury, schizophrenia, neurogenic bladder with suprapubic catheter, vertebral osteomyelitis with epidural abscess (s/p laminectomy and TLIF with auto bone graft) s/p fixation with laminectomy/disectomy on 7/25 followed by 6 weeks of IV Vancomycin and PO rifampin and then hx of hardware infection with evidence of phlegmon growing MRSA s/p complete removal of posterior instrumentation L3-S1 then fusion extending from L2 to S1 and Iliac bone with pedicle fixation and completed 6 weeks of IV daptomycin and now on doxycycline presented to the ED with complaints of worsening back pain and right ankle pain and swelling. patient has been having constant back pain since his previous spinal surgery but the pain has been getting worse since last few days. Patient reports that he has lost his home and has been living in his truck for the last 4 days and slept in his truck last night at 20 degree F. He reports that his pain has greatly increased since then. patient reports that he has had subjective fever, chills, nausea, decreased intake and diarrhea. He has been having urinary and fecal incontinence since his spinal cord injury with a suprapubic catheter in place. he had a home health nurse who was taking care of him with but has not seen him since he has lost his home.

The history is provided by the patient. No language interpreter was used.
Back Pain
Location: **Lumbar spine**
Quality: **Aching**
Radiates to: **Does not radiate**
Pain severity: **Moderate**
Pain is: **Same all the time**
Onset quality: **Gradual**
Timing: **Constant**
Associated symptoms: **fever** and **weakness**
Associated symptoms: **no abdominal pain**, **no chest pain** and **no headaches**

Past Medical History:

Diagnosis	Date
• ACE inhibitor-aggravated angioedema	7/18/2016
• Chronic back pain	
•	

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Adm: 3/4/2019, D/C: 3/4/2019

03/04/2019 - ED in Emergency Department (continued)

Other Doctors' Notes (continued)

Chronic pain due to trauma
GSW
- Chronic paraplegia (HCC) 7/27/2018
  GSW to T12 in 2012
- Difficult intravenous access 12/4/2018
- Drug-seeking behavior
- History of gunshot wound 6/11/12
  chest and abdomen
- Hx of cocaine abuse 12/04/2018
  7/10/15- Advance Pain Tx called stating pt had tested positive for cocaine so he was fired from their clinic and was not given a pain script
- Hypertension
- Late effect of spinal cord injury
- Neurogenic bladder 7/22/2015
- Neurogenic bowel 7/27/2018
- Schizophrenia (HCC)
- Septic olecranon bursitis of left elbow 6/25/2018
- Spinal cord injury at T7-T12 level without injury of spinal bone (HCC) 6/11/12
  fracture left lamina of L1, bullet entered into canal at T12-L1 level
- Tobacco abuse 12/4/2018
- Vertebral osteomyelitis (HCC) 7/22/2018
  Added automatically from request for surgery 532246

Past Surgical History:

Procedure	Laterality	Date
• ARTERY SURGERY *on the brachial artery*		
• ELBOW ARTHROSCOPY W/ ARTHROTOMY *Procedure: ARTHROTOMY, ELBOW; Surgeon: Mark A Tait, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	6/5/2018
• EXPLORATORY LAPAROTOMY		
• FASCIOTOMY		
• FEMUR NANCY NAIL INSERTION *Procedure: INSERTION IM NAIL FEMUR; Surgeon: Regis L Renard, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	10/24/2017
• FEMUR SURGERY	Left	
• LAPAROTOMY *GSW*		2012
• LUMBAR LAMINECTOMY *Procedure: L4/5 DISCECTOMY AND L3-S1 INSTRUMENTATION AND FUSION; Surgeon: Hazem Mohammed Ahmed, MD; Location: UAMS Main OR; Service: Neurosurgery; Laterality: Midline; L4-5 decompression w/ instrumentation*	Midline	7/25/2018

Family History

Problem	Relation	Age of Onset
• Hypertension	Mother	

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Adm: 3/4/2019, D/C: 3/4/2019

03/04/2019 - ED in Emergency Department (continued)

Other Doctors' Notes (continued)

• Nephrolithiasis	Father
• Schizophrenia	Son
• Bipolar disorder	Son
• Schizophrenia	Son
• Bipolar disorder	Son
• Schizophrenia	Son
• Bipolar disorder	Son
• Schizophrenia	Son
• Bipolar disorder	Son
• Schizophrenia	Son
• Bipolar disorder	Son
• Schizophrenia	Son
• Bipolar disorder	Son

Social History

Social History
- Marital status: Married
  Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History
- Disabled

Social History Main Topics
- Smoking status: Current Every Day Smoker
  Packs/day: 0.25
  Years: 16.00
  Types: Cigarettes
- Smokeless tobacco: Never Used
- Alcohol use: No
- Drug use: Yes
  Types: Cocaine
- Sexual activity: No

Other Topics — Concern
- None

Social History Narrative
*** Merged History Encounter ***

Lives in Little Rock, AR. Married. Father of 13 children. Disabled. Muslim - Hooligan.

Review of Systems
Constitutional: Positive for chills and fever.

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Adm: 3/4/2019, D/C: 3/4/2019

03/04/2019 - ED in Emergency Department (continued)

Other Doctors' Notes (continued)

HENT: Negative for congestion, ear discharge, ear pain and postnasal drip.
Eyes: Negative for visual disturbance.
Respiratory: Positive for cough. Negative for chest tightness, shortness of breath and wheezing.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Positive for diarrhea and nausea. Negative for abdominal distention and abdominal pain.
Endocrine: Negative for cold intolerance and heat intolerance.
Musculoskeletal: Positive for arthralgias and back pain.
Skin: Positive for color change and wound.
Neurological: Positive for weakness. Negative for seizures, syncope and headaches.

No current facility-administered medications for this encounter.

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• albuterol (PROVENTIL HFA;VENTOLIN HFA;PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs into the lungs every 6 (six) hours as needed for wheezing.	6.7 g	11
• amLODIPine (NORVASC) 10 MG tablet	Take 0.5 tablets (5 mg total) by mouth daily.	15 tablet	11
• ARIPiprazole (ABILIFY) 2 MG tablet	Take 2 mg by mouth daily.		
• baclofen (LIORESAL) 20 MG tablet	Take 10 mg by mouth 2 (two) times a day.		
• balsam peru-castor oil (VENELEX) 87-788 mg/gram Oint	Apply 1 application topically every other day.	1 Tube	1
• gabapentin (NEURONTIN) 800 MG tablet	Take 800 mg by mouth 3 (three) times a day.		
• HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	TK 1 T PO Q 6 H PRN		0
• levoFLOXacin (LEVAQUIN) 750 MG tablet	Take 1 tablet (750 mg total) by mouth daily.	7 tablet	0
• naproxen (NAPROSYN) 500 MG tablet	TK 1 T PO BID PRN		3
• polyethylene glycol (MIRALAX) 17 gram/dose powder	Take 17 g dissolved in water or juice daily.	527 g	5
• propylene glycol (SYSTANE BALANCE) 0.6 % Drop	Apply 1 drop to eye 4 (four) times a day.	2 Bottle	6
• senna (SENOKOT) 8.6 mg tablet	Take 1 tablet (8.6 mg total) by mouth daily.	30 tablet	0
• SPIRIVA WITH HANDIHALER 18 mcg inhal cap			5
• white petrolatum-mineral oil (GENTEAL PM) 94-3 % Oint	Apply 1 application to eye every night at bedtime.	1 Tube	12

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03/04/2019 - ED in Emergency Department (continued)

Other Doctors' Notes (continued)

Allergies

Allergen	Reactions
• Dimetapp (Brompheniramine-Ppa) [Brompheniramine-Ppa]	Itching
• Haldol [Haloperidol]	Hives
• Lisinopril *angioedema*	Swelling
• Robitussin [Guaifenesin]	Itching
• Tramadol	Rash
• Cherry	
• Risperdal [Risperidone]	Rash
• Zyprexa [Olanzapine]	Rash

No diagnosis found.

Physical Exam

BP (!) 133/92 | Pulse 88 | Temp 99.3 °F (37.4 °C) | Resp 18 | Ht 5' 6" (1.676 m) | Wt 210 lb (95.3 kg) | SpO2 100% | BMI 33.89 kg/m²

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed. He appears distressed.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Pupils are equal, round, and reactive to light. EOM are normal.
Neck: Normal range of motion. Neck supple. No tracheal deviation present. No thyromegaly present.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.
No murmur heard.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.
Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is tenderness. There is no rebound and no guarding. No hernia.
Genitourinary: Penis normal.
Genitourinary Comments: **has a suprapubic catheter in place**
Musculoskeletal: Normal range of motion. He exhibits tenderness.
Tenderness in the back over the surgical scar. 1x1 cm Ulcer present over the right lateral malleolus, small ulcer present on right thigh. decubitus ulcer present on the right hip
Neurological: He is alert and oriented to person, place, and time. He displays abnormal reflex. A sensory deficit is present. No cranial nerve deficit. He exhibits abnormal muscle tone. Coordination abnormal.
Has decreased strength and sensation in bilateral lower extremities.
Skin: Skin is dry.
cold, dry and scaly skin on Bilateral lower extremity
Psychiatric: He has a normal mood and affect. His behavior is normal. Judgment and thought content normal.
Vitals reviewed.

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MRN: 000411229, DOB: [redacted]3, Sex: M
Adm: 3/4/2019, D/C: 3/4/2019

03/04/2019 - ED in Emergency Department (continued)

Other Doctors' Notes (continued)

ED Course
Procedures

MDM
Number of Diagnoses or Management Options
Cold exposure, initial encounter: new and requires workup
Frostnip, initial encounter: new and requires workup
Other chronic pain: established and worsening

Amount and/or Complexity of Data Reviewed
Clinical lab tests: ordered and reviewed
Tests in the radiology section of CPT®: reviewed
Review and summarize past medical records: yes
Discuss the patient with other providers: yes
Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality
Presenting problems: moderate
Diagnostic procedures: moderate
Management options: moderate

Patient Progress
Patient progress: improved

Assessment and plan:
Patient presented to the ED for back pain and ankle pain. patient's problem of chronic and are currently stable. lab work up was unremarkable. patient is stable to be discharged and it is is advised to follow with Neurosurgery 3 days for his scheduled appointment.

Decision Support

Decision Support

Sharma Rohan, MD
Resident
03/04/19 2013

ED ATTENDING ATTESTATION

Carlos C Hall is a 45 y.o. male who presents to the ED with

Chief Complaint
Patient presents with
- Back Pain
-

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Adm: 3/4/2019, D/C: 3/4/2019

03/04/2019 - ED in Emergency Department (continued)

Other Doctors' Notes (continued)

Leg Swelling

Vitals:

	03/04/19 1715	03/04/19 1730	03/04/19 1745	03/04/19 1800
BP:	(!) 161/124	(!) 147/105	(!) 214/185	(!) 164/107
Pulse:	77	68	72	73
Resp:	18	23	17	15
Temp:				
SpO2:	(!) 87%	98%	100%	100%
Weight:				
Height:				

No orders to display

Carlos C Hall discharge to home/self care.

I have seen and examined this patient and discussed the H&P and plan with the Resident/APRN. I have also been present for all procedures performed. I agree with the note and have inserted my edits as needed. Pt in NAD. Requesting pain control as notes being w/o his medications at home. Pt denies any new changes in UOP or pain. Pt has been sleeping in his vehicle since discharge w/ temps around 20 degrees F last night. Pt notes feeling "cold to bones". No evidence of frostbite on exam. Left foot cold to sole though pulses present. Labs improved from those obtained at discharge. No ulcers look acutely infected. VS stable. Intermittent hypoxia due to improper pulse ox positioning to finger. Discussed f/u with NSGY this week and returning for any worsening. Information for local shelters and warming facilities.

Impression:
Final diagnoses:
Frostnip, initial encounter (Primary)
Cold exposure, initial encounter
Other chronic pain

Date of service: 03/04/2019

Zachary B Lewis, MD
03/04/19 2110

Electronically signed by Zachary B Lewis, MD at 3/4/2019 9:10 PM

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Hall, Carlos Cortez
MRN: 000411229, DOB [redacted] Sex: M
Adm: 3/28/2019, D/C: 3/28/2019

03/28/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

Attestation signed by Amanda Young, MD at 3/29/2019 4:37 AM

Hx paraplegia (chronic SPC). Brought in for medical clearance; +EtOH today, reportedly scraped his parents car in the driveway so here in police custody for DUI. SPC came out today – unclear how or when. Denies any c/o pain or other acute concerns. VS OK. +slurred speech, SPC site without evidence of infection, draining urine. Attempted SPC replacement with 22 Fr, unable to pass; attempted with multiple smaller sizes down to 16Fr and unable to pass. Urology consulted, ultimately able to pass 12Fr. Discharged in police custody. Referral for urology placed.

Diagnosis:
1. **Encounter for suprapubic catheter care (HCC)**
2. Uncomplicated alcohol dependence (HCC)
3. MVC (motor vehicle collision), initial encounter
4. Neurogenic bladder

I have personally seen and examined the patient and reviewed the resident's findings and plan. As necessary I have inserted my suggestions, comments or clarification to the resident's findings and plan in the note above or have included my own brief note in the chart.

I was present for the following procedures performed on this patient - none

AMANDA YOUNG, M.D. 03/29/19 4:36 AM

History

Chief Complaint
Patient presents with
- Drug / Alcohol Assessment
- Motor Vehicle Crash

The history is provided by[MP.1T] the patient[MP.2M],[MP.1T]
Illness[MP.2M]
Severity:[MP.1T] **Moderate**[MP.2M]
Onset quality:[MP.1T] **Gradual**[MP.2M]
Timing:[MP.1T] **Unable to specify**[MP.2M]
Progression:[MP.1T] **Resolved**[MP.2M]
Chronicity:[MP.1T] **New**[MP.2M]
Associated symptoms:[MP.1T] **no abdominal pain**[MP.2T],[MP.1T] **no chest pain**[MP.2T],[MP.1T] **no congestion**[MP.2T],[MP.1T] **no ver**[MP.2T],[MP.1T] **no headaches**[MP.2T],[MP.1T] **no rash**[MP.2T] and[MP.1T] **no shortness of breath**[MP.2T]

UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS Hospital
4301 West Markham Street
Slot #524
Little Rock AR 72205

Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Adm: 3/28/2019, D/C: 3/28/2019

03/28/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

Patient is a 45 year old male with a PMH of GSW to T12 in 2012 resulting in chronic back pain and lower extremity paraplegia and neurogenic bladder/bowel (dependent on SPC) who presents to the ED for medical clearance. He is under police custody for DUI. Attempted to drive car while intoxicated. Scratched his parent's car in the process. Police were then called. When they arrived they noted that his SPC had fallen out. While en route patient removed his diaper. He has no complaints at this time.[MP.1M]

Past Medical History:

Diagnosis	Date
• ACE inhibitor-aggravated angioedema	7/18/2016
• Chronic back pain	
• Chronic pain due to trauma *GSW*	
• Chronic paraplegia (HCC) *GSW to T12 in 2012*	7/27/2018
• Difficult intravenous access	12/4/2018
• Drug-seeking behavior	
• History of gunshot wound *chest and abdomen*	6/11/12
• Hx of cocaine abuse *7/10/15- Advance Pain Tx called stating pt had tested positive for cocaine so he was fired from their clinic and was not given a pain script*	12/04/2018
• Hypertension	
• Late effect of spinal cord injury	
• Neurogenic bladder	7/22/2015
• Neurogenic bowel	7/27/2018
• Schizophrenia (HCC)	
• Septic olecranon bursitis of left elbow	6/25/2018
• Spinal cord injury at T7-T12 level without injury of spinal bone (HCC) *fracture left lamina of L1; bullet entered into canal at T12-L1 level*	6/11/12
• Tobacco abuse	12/4/2018
• Vertebral osteomyelitis (HCC) *Added automatically from request for surgery 532246*	7/22/2018

Past Surgical History:

Procedure	Laterality	Date
• ARTERY SURGERY *on the brachial artery*		
• ELBOW ARTHROSCOPY W/ ARTHROTOMY *Procedure: ARTHROTOMY, ELBOW; Surgeon: Mark A Tait, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	6/5/2018
• EXPLORATORY LAPAROTOMY		
• FASCIOTOMY		
• FEMUR NANCY NAIL INSERTION *Procedure: INSERTION IM NAIL FEMUR; Surgeon: Regis L Renard, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	10/24/2017
• FEMUR SURGERY	Left	
• LAPAROTOMY *GSW*		2012
•		

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Adm: 4/7/2019, D/C: 4/7/2019

04/07/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

Chief Complaint
Patient presents with
- Urine Leakage[LE.1T]

Mr. Hall is a 45 yo male with PMH of paraplegia from GSW in 2012, neurogenic bladder/bowel s/p suprapubic catheter, and HTN who presents to the ED for suprapubic catheter leakage that started since it was replaced 2 weeks ago. He was seen in the UAMS ED after MVC at which time suprapubic cath had become dislodged. It was unable to be replaced by ED staff; therefore, Urology consulted who placed a 12F silicon catheter. He reports leakage of urine since placement of 12F catheter. He also reports that he is allergic to silicon. No fevers, rashes, n/v, diarrhea, abd pain. He does have burning sensation to area around suprapubic catheter d/t leaking urine. No change in urine color or smell. No dysuria, hematuria, change in urine color or smell.[LE.2M]

The history is provided by[LE.1T] the patient[LE.1M],[LE.1T]
Male GU Problem[LE.1M]
Presenting symptoms:[LE.1T] **no dysuria**[LE.2M],[LE.1T] **no penile discharge**[LE.2M],[LE.1T] **no penile pain**[LE.2M] and[LE.1T] **no swelling**[LE.2M]
Presenting symptoms comment:[LE.1T] **Leaking suprapubic cath**[LE.2M]
Context:[LE.1T] **not after urination**[LE.2M] and[LE.1T] **not during urination**[LE.2M]
Relieved by:[LE.1T] **Nothing**[LE.2M]
Worsened by:[LE.1T] **Nothing**[LE.2M]
Ineffective treatments:[LE.1T] **flushing foley**.[LE.2M]
Associated symptoms:[LE.1T] **no abdominal pain**[LE.2M],[LE.1T] **no diarrhea**[LE.2M],[LE.1T] **no fever**[LE.2M],[LE.1T] **no flank pain**[LE.2M],[LE.1T] **no hematuria**[LE.2M],[LE.1T] **no nausea**[LE.2M] and[LE.1T] **no vomiting**[LE.2M]
Risk factors:[LE.1T] **urinary catheter**[LE.2M]
Risk factors:[LE.1T] **no change in medication**
Abdominal Pain[LE.2M]
Pain location:[LE.1T] **Suprapubic**[LE.2M]
Pain quality:[LE.1T] **burning (burning to skin around suprapubic cath)**[LE.2M]
Pain severity:[LE.1T] **Mild**[LE.2M]
Onset quality:[LE.1T] **Gradual**[LE.2M]
Duration:[LE.1T] **2 weeks**[LE.2M]
Timing:[LE.1T] **Constant**[LE.2M]
Progression:[LE.1T] **Unchanged**[LE.2M]
Chronicity:[LE.1T] **New**[LE.2M]
Associated symptoms:[LE.1T] **no chest pain**[LE.2M],[LE.1T] **no chills**[LE.2M],[LE.1T] **no cough**[LE.2M],[LE.1T] **no diarrhea**[LE.2M],[LE.1T] **no dysuria**[LE.2M],[LE.1T] **no fever**[LE.2M],[LE.1T] **no hematuria**[LE.2M],[LE.1T] **no nausea**[LE.2M],[LE.1T] **no shortness of breath**[LE.2M] and[LE.1T] **no vomiting**[LE.2M]

Past Medical History:

Diagnosis	Date
• ACE inhibitor-aggravated angioedema	7/18/2016
• Chronic back pain	
• Chronic pain due to trauma *GSW*	
• Chronic paraplegia (HCC) *GSW to T12 in 2012*	7/27/2018
• Difficult intravenous access	12/4/2018
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04/07/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

• History of gunshot wound *chest and abdomen*	6/11/12
• Hx of cocaine abuse *7/10/15- Advance Pain Tx called stating pt had tested positive for cocaine so he was fired from their clinic and was not given a pain script*	12/04/2018
• Hypertension	
• Late effect of spinal cord injury	
• Neurogenic bladder	7/22/2015
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• Schizophrenia (HCC)	
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• EXPLORATORY LAPAROTOMY		
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• FEMUR NANCY NAIL INSERTION *Procedure: INSERTION IM NAIL FEMUR; Surgeon: Regis L Renard, MD; Location: UAMS Main OR; Service: Orthopedics; Laterality: Right;*	Right	10/24/2017
• FEMUR SURGERY	Left	
• LAPAROTOMY *GSW*		2012
• LUMBAR LAMINECTOMY *Procedure: L4/5 DISCECTOMY AND L3-S1 INSTRUMENTATION AND FUSION; Surgeon: Hazem Mohammed Ahmed, MD; Location: UAMS Main OR; Service: Neurosurgery; Laterality: Midline; L4-5 decompression w/ instrumentation*	Midline	7/25/2018

Family History

Problem	Relation	Age of Onset
• Hypertension	Mother	
• Nephrolithiasis	Father	
• Schizophrenia	Son	
• Bipolar disorder	Son	
• Schizophrenia	Son	
• Bipolar disorder	Son	
• Schizophrenia	Son	
• Bipolar disorder	Son	

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04/07/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

• Schizophrenia	Son
• Bipolar disorder	Son
• Schizophrenia	Son
• Bipolar disorder	Son
• Schizophrenia	Son
• Bipolar disorder	Son

Social History

Socioeconomic History

• Marital status:	Married
Spouse name:	None
• Number of children:	None
• Years of education:	None
• Highest education level:	None

Social Needs

• Financial resource strain:	None
• Food insecurity - worry:	None
• Food insecurity - inability:	None
• Transportation needs - medical:	None
• Transportation needs - non-medical:	None

Occupational History

• Occupation:	Disabled

Tobacco Use

• Smoking status:	Current Every Day Smoker
Packs/day:	0.25
Years:	16.00
Pack years:	4.00
Types:	Cigarettes
• Smokeless tobacco:	Never Used

Substance and Sexual Activity

• Alcohol use:	No
• Drug use:	Yes
Types:	Cocaine
• Sexual activity:	Never

Other Topics — Concern
- None

Social History Narrative

** *Merged History Encounter* **

Lives in Little Rock, AR. Married. Father of 13 children. Disabled. Muslim - Hooligan.

Review of Systems
Constitutional: Negative for[LE.1T] chills[LE.2M] and[LE.1T] fever[LE.2M].
HENT: Negative for[LE.1T] congestion[LE.2M] and[LE.1T] rhinorrhea[LE.2M].

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04/07/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

Respiratory: Negative for[LE.1T] cough[LE.2M] and[LE.1T] shortness of breath[LE.2M].
Cardiovascular: Negative for[LE.1T] chest pain[LE.2M].
Gastrointestinal: Negative for[LE.1T] abdominal pain[LE.2M],[LE.1T] diarrhea[LE.2M],[LE.1T] nausea[LE.2M] and[LE.1T] vomiting[LE.2M].
Genitourinary: Negative for[LE.1T] discharge[LE.2M],[LE.1T] dysuria[LE.2M],[LE.1T] flank pain[LE.2M],[LE.1T] hematuria[LE.2M] and[LE.1T] penile pain[LE.2M].
Skin: Negative for[LE.1T] rash[LE.2M].
Neurological: Negative for[LE.1T] syncope[LE.2M] and[LE.1T] headaches[LE.2M],[LE.1T]
All other systems reviewed and are negative[LE.1M].

No current facility-administered medications for this encounter.

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• albuterol (PROVENTIL HFA;VENTOLIN HFA;PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs into the lungs every 6 (six) hours as needed for wheezing.	6.7 g	11
• amLODIPine (NORVASC) 10 MG tablet	Take 0.5 tablets (5 mg total) by mouth daily.	15 tablet	11
• ARIPiprazole (ABILIFY) 2 MG tablet	Take 2 mg by mouth daily.		
• baclofen (LIORESAL) 20 MG tablet	Take 10 mg by mouth 2 (two) times a day.		
• balsam peru-castor oil (VENELEX) 87-788 mg/gram Oint	Apply 1 application topically every other day.	1 Tube	1
• gabapentin (NEURONTIN) 800 MG tablet	Take 800 mg by mouth 3 (three) times a day.		
• HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	TK 1 T PO Q 6 H PRN		0
• naproxen (NAPROSYN) 500 MG tablet	TK 1 T PO BID PRN		3
• polyethylene glycol (MIRALAX) 17 gram/dose powder	Take 17 g dissolved in water or juice daily.	527 g	5
• senna (SENOKOT) 8.6 mg tablet	Take 1 tablet (8.6 mg total) by mouth daily.	30 tablet	0
• SPIRIVA WITH HANDIHALER 18 mcg inhal cap			5

Allergies

Allergen	Reactions
• Dimetapp (Brompheniramine-Ppa) [Brompheniramine-Ppa]	Itching
• Haldol [Haloperidol]	Hives
• Lisinopril *angioedema*	Swelling

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04/07/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

• Robitussin [Guaifenesin]	Itching
• Tramadol	Rash
• Cherry	
• Risperdal [Risperidone]	Rash
• Zyprexa [Olanzapine]	Rash

No diagnosis found.

Physical Exam

BP (!) 174/102 (BP Location: Left arm) | Pulse 88 | Temp 98.1 °F (36.7 °C) (Oral) | Resp 17 | SpO2 100%

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat: Oropharynx is clear and moist.
Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
No murmur heard.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes.
Abdominal: Soft. Bowel sounds are normal. He exhibits[LE.1T] distension[LE.1M]. There is no tenderness. There is[LE.1T] no rebound[LE.1M] [LE.1T]
Suprapubic catheter in place with small amount of yellow urine leaking around it; no erythema, discharge, induration[LE.1M]
Musculoskeletal: He exhibits no edema.[LE.1T]
Lower extremity paraplegia; normal strength of bilateral upper extremities[LE.1M]
Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit.
Skin: Skin is warm and dry. No rash noted. No pallor.
Psychiatric: He has a normal mood and affect. His behavior is normal.
Nursing note and vitals reviewed.

ED Course[LE.1T]
Procedures[LE.1M]

MDM
Number of Diagnoses or Management Options[LE.1T]
Constipation, unspecified constipation type[LE.2M];[LE.1T] new and requires workup[LE.2M]
Suprapubic catheter dysfunction, initial encounter (HCC)[LE.1M];[LE.1T] new and requires workup[LE.2M]

Amount and/or Complexity of Data Reviewed
Clinical lab tests:[LE.1T] ordered and reviewed[LE.2M]

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04/07/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

Review and summarize past medical records:[LE.1T] yes[LE.2M]
Discuss the patient with other providers:[LE.1T] yes[LE.2M]

Risk of Complications, Morbidity, and/or Mortality
Presenting problems:[LE.1T] high[LE.2M]
Diagnostic procedures:[LE.1T] low[LE.2M]
Management options:[LE.1T] low[LE.2M]

Patient Progress
Patient progress:[LE.1T] stable[LE.2M]

Decision Support[LE.1T]

Decision Support

Mr. Hall is a 45 yo male with PMH of paraplegia from GSW in 2012, neurogenic bladder/bowel s/p suprapubic catheter, and HTN who presents to the ED for suprapubic catheter leakage that started since it was replaced 2 weeks ago. He was seen in the UAMS ED after MVC at which time suprapubic cath had become dislodged. It was unable to be replaced by ED staff; therefore, Urology consulted who placed a 12F silicon catheter. He states that he has silicon allergy. Physical examination with paraplegia to BLE and suprapubic in place with leakage of clear urine with no erythema, induration to area. Urology was consulted[LE.1M] who recommended starting oxybutynin and following up in Urology Clinic. Foley tubing was flushed by nurse w/o any issues. He was stable for discharge home with close f/u with PCP and Urology f/u.[LE.2M]

Lauren R Ewing, MD
Resident
04/12/19 1922
[LE.3T]

Sarah M Greenberger, MD
04/15/19 1147
[SG.1T]

Electronically signed by Lauren R Ewing, MD at 4/12/2019 7:22 PM
Electronically signed by Sarah M Greenberger, MD at 4/15/2019 11:47 AM

Attribution Key

LE.1 - Lauren R Ewing, MD on 4/7/2019 4:00 PM
LE.2 - Lauren R Ewing, MD on 4/12/2019 7:17 PM
LE.3 - Lauren R Ewing, MD on 4/12/2019 7:22 PM
SG.1 - Sarah M Greenberger, MD on 4/15/2019 11:47 AM
M - Manual, T - Template

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04/07/2019 - ED In Emergency Department (continued)

ED Provider Note (continued)

ED Notes

ED Notes

Christine E Stark, RN at 4/7/2019 3:58 PM

Version 1 of 1

Author: Christine E Stark, RN | Service: — | Author Type: Registered Nurse
Filed: 4/7/2019 3:59 PM | Date of Service: 4/7/2019 3:58 PM | Status: Signed
Editor: Christine E Stark, RN (Registered Nurse)

Dr. Ewing at bedside assessing patient.[CS.1M]

Electronically signed by Christine E Stark, RN at 4/7/2019 3:59 PM

Attribution Key

CS.1 - Christine E Stark, RN on 4/7/2019 3:58 PM
M - Manual

ED Triage Notes

Cristin M Ramey, RN at 4/7/2019 3:35 PM

Version 1 of 1

Author: Cristin M Ramey, RN | Service: Emergency Medicine | Author Type: Registered Nurse
Filed: 4/7/2019 3:37 PM | Date of Service: 4/7/2019 3:35 PM | Status: Signed
Editor: Cristin M Ramey, RN (Registered Nurse)

Pt reports that he was here about 2 weeks ago and had his suprapubic cath changed. Pt reports that they put in a silicone cath and he is getting a rash from it. Pt also reports that it is too small and urine is leaking around the insertion site. No distress noted.[CR.1M]

Electronically signed by Cristin M Ramey, RN at 4/7/2019 3:37 PM

Attribution Key

CR.1 - Cristin M Ramey, RN on 4/7/2019 3:35 PM
M - Manual

ED Care Timeline

Patient Care Timeline (4/7/2019 15:32 to 4/7/2019 17:08)

4/7/2019	Event	Details	User
15:31:51	Emergency encounter created		Terrie L Bridges
15:32	Patient arrived in ED		Terrie L Bridges

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

ED Provider Note (continued)

Push Given 4/15/19 2300)
morphine 10 mg/mL injection (5 mg IV Push Given 4/16/19 0018)
ondansetron (ZOFRAN) 4 mg/2 mL injection (4 mg IV Push Given 4/16/19 0018)
cefTRIAXone (ROCEPHIN) IVPB 1g / 50mL Dextrose (premix) (0 mg IV Piggyback Stopped 4/16/19 0113)
morphine 10 mg/mL injection (5 mg IV Push Given 4/16/19 0115)
potassium chloride SA (K-DUR,KLOR-CON) 40 mEq CR tablet (40 mEq Oral Given 4/16/19 1731)
amLODIPine (NORVASC) 5 mg tablet (5 mg Oral Given 4/18/19 1348)

Impression:

1. **Acute exacerbation of chronic low back pain**
2. Urinary tract infection associated with catheterization of urinary tract, unspecified indwelling urinary catheter type, initial encounter (HCC)
3. Chronic bilateral low back pain without sciatica
4. Essential hypertension
5. Hypokalemia
6. Loosening of hardware in spine (HCC)
7. Undifferentiated schizophrenia (HCC)
8. Spinal cord injury at T7-T12 level without injury of spinal bone (HCC)

Date of service: 04/15/2019

Komi Vovor-Dassu, M.D.
Assistant Professor of Emergency Medicine
5/1/2019 12:39 PM

History[DH.1T]

Chief Complaint
Patient presents with
- Back Pain
- Male GU Problem[DH.2T]

Carlos C Hall is a 45 y.o. Male with PMH of spinal cord injury at T12 with subsequent paraplegia, neurogenic bladder status post suprapubic catheter placement, prior spinal hardware infection with osteomyelitis presenting to the ED With multiple complaints. Patient states he is having lower back pain since a fall while in jail 4 days ago. Patient

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

ED Provider Note (continued)

states he fell off a bunk and has been experiencing low back pain since that time. He also states he is having some upper abdominal discomfort and nausea which has been present for the past greater than 2 months. He blames it on the doxycycline which she was prescribed. Infectious diseases prescribed doxycycline for a 6 month period of which he took approximately 1 month. He states he could not tolerated on his stomach so he quit taking it. He is also complaining of a possible urinary tract infection. He states a few weeks ago he was in this ED and had his suprapubic tube replaced and they put too small of a tube in. He endorses persistent urinary leakage since that time. Patient sources daily fevers. He denies chest pain or shortness of breath.[DH.1M]

Back Pain
Location:[DH.1T] **Lumbar spine**[DH.1M]
Quality:[DH.1T] **Aching**[DH.1M]
Pain severity:[DH.1T] **Moderate**[DH.1M]
Pain is:[DH.1T] **Worse during the day**[DH.1M]
Onset quality:[DH.1T] **Gradual**[DH.1M]
Associated symptoms:[DH.1T] **abdominal pain**[DH.1M] and[DH.1T] **fever**[DH.1M]
Associated symptoms: **no chest pain, no dysuria, no headaches** and **no numbness**[DH.1T]
Male GU Problem[DH.1M]
Presenting symptoms: **no dysuria**
Associated symptoms:[DH.1T] **abdominal pain**[DH.1M],[DH.1T] **fever**[DH.1M],[DH.1T] **nausea**[DH.1M] and[DH.1T] **vomiting**[DH.1M]
Associated symptoms: **no diarrhea** and **no urinary frequency**[DH.1T]

Past Medical History:

Diagnosis	Date
• ACE inhibitor-aggravated angioedema	7/18/2016
• Chronic back pain	
• Chronic pain due to trauma *GSW*	
• Chronic paraplegia (HCC) *GSW to T12 in 2012*	7/27/2018
• Difficult intravenous access	12/4/2018
• Drug-seeking behavior	
• History of gunshot wound *chest and abdomen*	6/11/12
• Hx of cocaine abuse *7/10/15- Advance Pain Tx called stating pt had tested positive for cocaine so he was fired from their clinic and was not given a pain script*	12/04/2018
• Hypertension	
• Late effect of spinal cord injury	
• Neurogenic bladder	7/22/2015
• Neurogenic bowel	7/27/2018
• Schizophrenia (HCC)	
• Septic olecranon bursitis of left elbow	6/25/2018
• Spinal cord injury at T7-T12 level without injury of spinal bone (HCC) *fracture left lamina of L1; bullet entered into canal at T12-L1 level*	6/11/12
• Tobacco abuse	12/4/2018
• Vertebral osteomyelitis (HCC) *Added automatically from request for surgery 532246*	7/22/2018

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

ED Notes (continued)

Immature Grans, Absolute	0.02	K/uL

Please call MONICA TERRELL, RN in the Emergency Department at 501-526-2085 with any questions.[MT.1T]

Electronically signed by Monica Terrell, RN at 4/16/2019 4:46 AM

Attribution Key
MT.1 - Monica Terrell, RN on 4/16/2019 4:45 AM
M - Manual, T - Template

ED Triage Notes

Cristin M Ramey, RN at 4/15/2019 3:30 PM

Version 1 of 1

Author: Cristin M Ramey, RN | Service: Emergency Medicine | Author Type: Registered Nurse
Filed: 4/15/2019 3:32 PM | Date of Service: 4/15/2019 3:30 PM | Status: Signed
Editor: Cristin M Ramey, RN (Registered Nurse)

Pt reports increased back px and that his suprapubic cath is leaking. Pt reports that he hasn't been getting his gabapentin in jail. Pt reports that he has a 12 fr foley, but it is too small. No acute distress noted. Pt is in police custody[CR.1M]

Electronically signed by Cristin M Ramey, RN at 4/15/2019 3:32 PM

Attribution Key
CR.1 - Cristin M Ramey, RN on 4/15/2019 3:30 PM
M - Manual

ED Update

Meryll E. Pampolina, MD at 4/16/2019 2:56 AM

Version 1 of 1

Author: Meryll E. Pampolina, MD | Service: Emergency Medicine | Author Type: Resident
Filed: 4/16/2019 2:58 AM | Date of Service: 4/16/2019 2:56 AM | Status: Signed
Editor: Meryll E. Pampolina, MD (Resident) | Cosigner: Komi E Vovor-Dassu, MD at 4/16/2019 3:57 AM

Patient signed out to me by Dr. Holleyman. Patient diagnosed with UTI while in the ED. Suprapubic catheter was exchanged by Dr. Holleyman prior to shift change. After checkout patient continued to c/o intractable pain. Patient provided with multiple rounds of IV pain medications. Will admit to IM for intractable pain. History, physical exam,

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UAMS Hospital
4301 West Markham Street
Slot #524
Little Rock AR 72205

Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted], Sex: M
Adm: 4/15/2019, D/C: 4/18/2019

04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Consult Notes (continued)

- Drug-seeking behavior
- History of gunshot wound — 6/11/12
  chest and abdomen
- Hx of cocaine abuse — 12/04/2018
  7/10/15- Advance Pain Tx called stating pt had tested positive for cocaine so he was fired from their clinic and was not given a pain script
- Hypertension
- Late effect of spinal cord injury
- Neurogenic bladder — 7/22/2015
- Neurogenic bowel — 7/27/2018
- Schizophrenia (HCC)
- Septic olecranon bursitis of left elbow — 6/25/2018
- Spinal cord injury at T7-T12 level without injury of spinal bone (HCC) — 6/11/12
  fracture left lamina of L1; bullet entered into canal at T12-L1 level
- Tobacco abuse — 12/4/2018
- Vertebral osteomyelitis (HCC) — 7/22/2018
  Added automatically from request for surgery 532246

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• amLODIPine (NORVASC) 5 mg tablet	5 mg	Oral	Daily	Tara Akunna, MD		5 mg at 04/16/19 0816
• ARIPiprazole (ABILIFY) 2 mg tablet	2 mg	Oral	Daily	Tara Akunna, MD		2 mg at 04/16/19 0816
• baclofen (LIORESAL) 10 mg tablet	10 mg	Oral	BID	Tara Akunna, MD		10 mg at 04/16/19 0817
• docusate sodium (COLACE) 100 mg capsule	100 mg	Oral	Q12H	Tara Akunna, MD		100 mg at 04/16/19 2111
• enoxaparin (LOVENOX) 40 mg syringe	40 mg	Subcutaneous	Daily (enoxaparin)	Tara Akunna, MD		40 mg at 04/16/19 2112
• gabapentin (NEURONTIN) 800 mg capsule	800 mg	Oral	TID	Tara Akunna, MD		800 mg at 04/16/19 2110
• HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	2 tablet	Oral	Q6H PRN	Tara Akunna, MD		2 tablet at 04/16/19 1731
• hydrocortisone 1 % cream		Topical	Daily	Heather K. Ali, MD		
• nicotine	14 mg	Transdermal	Daily	Kirby N. von		14 mg

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Other Doctors' Notes (continued)

I have discussed Mr. Carlos C Hall with neurosurgery resident Dr. Guley, personally reviewed the pertinent data, formulated the clinical management plan and again discussed it with the neurosurgery resident above. I agree with neurosurgery resident's note with the changes (if any), additions, or observations in my note below.

Patient missed several clinic appointments and has history of noncompliance with prescribed treatment.
CT shows intact construct with lucency around right L2 screw.

Plan:
F/U in clinic in 3 months

Viktoras Palys, MD

Assistant Professor of Neurosurgery
University of Arkansas for Medical Sciences
4301 West Markham Street, Slot 507
Little Rock, AR 72205
Email: vpalys@uams.edu
Office: (501) 686-8387
Nurse Tammy J. Drake: (501) 686-8474

NSGY update note:

No need for neurosurgical intervention or scheduled follow up in clinic. Patient has stable baseline neurologic exam, chronic lumbar back pain. Please let us know if any questions or concerns should arise.

Natalie M. Guley, MD, PhD
PGY-1, Neurosurgery
Pager: 405-9920

Electronically signed by Viktoras Palys, MD at 4/18/2019 10:00 AM

Version 1 of 2

Author: Natalie M Guley, MD | Service: Neurosurgery | Author Type: Resident
Filed: 4/17/2019 6:43 PM | Date of Service: 4/17/2019 6:42 PM | Status: Signed
Editor: Natalie M Guley, MD (Resident)

NSGY update note:

No need for neurosurgical intervention or scheduled follow up in clinic. Patient has stable baseline neurologic exam, chronic lumbar back pain. Please let us know if any questions or concerns should arise.

Natalie M. Guley, MD, PhD
PGY-1, Neurosurgery

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Other Doctors' Notes (continued)

Attestation signed by Robert H. Hopkins, MD at 4/17/2019 5:26 PM

General Internal Medicine 3A Attending Progress

I have seen and examined Mr. Hall and discussed his care on team rounds
On my exam this am he was fruustrated with prelim rec by NSGY resident he would not need surgery, pain and lack of his perceived cooperation from hospital staff..
PE: Vitals as in Dr. Ali's
GEN: Alert, NAD. Oriented x 3.
CHEST: Symmetric clear breath sounds
CVS: RRR
Lab: Chem, Cr NML HGB 8.9
CT A/P: Bladder thickening c/w chronic cystitis. Loosening of screw in spine hardware
IMP/PLAN:

1. Intractable back pain (Likely mechanical +/- overlay from his current situation) following fall from bed: Continue Baclofen [increase dose] + Gabapentin for neuropathic pain. Await NSGY Faculty assessment- if no surgical need, plan transfer back to jail custody.
2. Chronic cystitis: Suprapubic catheter replaced in ED. Ceftriaxone inpt, change to PO Bactrim if ready for DC before completes 5-7 days course. FU blood and urine cultures.
3. HypoKalemia: Resolved
4. Chronic anemia: Check Iron stores
5. Chronic HTN: Continue home meds
6. Schizophrenia: Continue home meds

I agree with Dr. Ali's attached note.

Robert H Hopkins, Jr., MD
Professor of Internal Medicine and Pediatrics

Medicine Progress Note

Date of Service: 4/17/2019
Hospital Day: 0
CC: Back Pain and Male GU Problem

Subjective:
Patient was very upset about his back pain. He feels that it has worsen. He was also upset about the jail not going to give him his pain medication when he goes back to jail. In addition he was also felt that he was having worsening abdominal concern for constipation.

Medications:

amLODIPine	5 mg	Oral	Daily
ARIPiprazole	2 mg	Oral	Daily
baclofen	10 mg	Oral	TID

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

ED Provider Note (continued)

MCV	73.1 (L)	80.0 - 100.0 fL
MCH	20.8 (L)	26.0 - 33.0 pg
MCHC	28.4 (L)	32.0 - 36.0 g/dL
RDW	22.9 (H)	12.0 - 15.0 %
Platelet	199	150 - 450 K/µL
MPV	9.5	9.0 - 13.0 fL
ANC	1.6	1.4 - 6.0 K/uL
Nucleated RBC	0.0	#/100 WBC
Neutrophils, Auto	39.3	35.0 - 65.0 %
Lymphs, Auto	44.4	23.0 - 50.0 %
Monocytes, Auto	13.8 (H)	4.6 - 12.0 %
Eosinophils, Auto	2.1	0.5 - 6.5 %
Basophils, Auto	0.2	0.1 - 1.1 %
Immature Grans, Auto	0.2	0.0 - 0.5 %
Neutrophils, Absolute	1.64	1.40 - 6.00 K/uL
Lymphocytes, Absolute	1.86	1.20 - 3.40 K/uL
Monocytes, Absolute	0.58	0.20 - 1.00 K/uL
Eosinophils, Absolute	0.09	0.00 - 0.50 K/uL
Basophils, Absolute	0.01	0.00 - 0.07 K/uL
Immature Grans, Absolute	0.01	K/uL

RADIOLOGY:
X-ray abdomen AP erect portable
Final Result
Constipation with no evidence of any obstruction or free air in the
abdomen.

Electronically Signed by: Hemendra Shah, M.D. on 04/17/2019 at 14:32:23

CT abdomen pelvis with contrast
Final Result
1. Changes of chronic cystitis with suprapubic catheter in place.
2. Focal dilation of the membranous urethra with calcifications. This
may represent a focal dilation versus a diverticulum.
3. Postsurgical changes from posterior spinal fusion in the lumbar and
upper sacral spine with loosening of the right L2 screw.
4. Bullet fragment seen within the spinal canal at the T12 level.

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

ED Provider Note (continued)

I have personally reviewed the image(s), and was present during the physician services associated with the procedure and agree with the findings.

Electronically Signed by: Hemendra Shah, M.D. on 04/16/2019 at 10:31:10

MEDICAL DECISION MAKING AND PLAN OF CARE[DH.4T]
45-year-old male with history of spinal cord injury and neurogenic bladder with suprapubic catheter presenting with worsening lower back pain as well as abdominal pain and leaking catheter[DH.4M]

ED COURSE:[DH.4T]
labs are significant for nitrite positive urine. CT of the abdomen shows no acute intra abdominal process but is consistent with chronic cystitis. Patient required multiple doses of pain medicine in the ED. Suprapubic tube was changed.[DH.4M]

At this time patient's care is being transferred to oncoming team, pending[DH.4T] Likely admission for further treatment of his UTI and pain control.[DH.4M].
Patient's test results and interventions prior to transfer of care are below.

Medications Given in the Emergency Department:
Medications
ARIPiprazole (ABILIFY) 2 mg tablet (2 mg Oral Given 4/17/19 0959)
gabapentin (NEURONTIN) 800 mg capsule (Oral Canceled Entry 4/17/19 2100)
oxybutynin (DITROPAN) 5 mg tablet (Oral Canceled Entry 4/17/19 2100)
polyethylene glycol (GLYCOLAX) 17 g packet (17 g Oral Given 4/17/19 0959)
docusate sodium (COLACE) 100 mg capsule (Oral Canceled Entry 4/17/19 2100)
amLODIPine (NORVASC) 5 mg tablet (5 mg Oral Given 4/17/19 0958)
enoxaparin (LOVENOX) 40 mg syringe (Subcutaneous Canceled Entry 4/17/19 2002)
HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet (2 tablets Oral Given 4/17/19 1700)
nicotine (NICODERM CQ) 14 mg / 24hr patch (14 mg

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Discharge Summary Note (continued)

Physician Discharge Summary

Patient ID:[CM.1T]
Carlos C Hall
000411229
45 y.o.
[redacted][CM.2T]

Admit date:[CM.1T] 4/15/2019[CM.2T]

Discharge date:[CM.1T] 4/18/2019[CM.3M]

Admitting Physician:[CM.1T] Robert H. Hopkins, MD[CM.2T]

Discharge Physician:[CM.1T] Robert H. Hopkins, MD[CM.3M]

Admission Diagnoses:[CM.1T] Osteomyelitis (HCC) [M86.9]
Acute exacerbation of chronic low back pain [M54.5, G89.29]
Urinary tract infection associated with catheterization of urinary tract, unspecified indwelling urinary catheter type, initial encounter (HCC) [T83.511A, N39.0][CM.2T]

Discharge Diagnoses:[CM.1T] Acute exacerbation of chronic back pain, Catheter cystitis, Iron deficiency anemia, Hypternsion, Schizophrenia[CM.3M]

Admission Condition:[CM.1T] fair[CM.3M]

Discharged Condition:[CM.1T] good[CM.3M]

Indication for Admission:[CM.1T] Pain management and Neurosurgical Evaluation[CM.3M]

Hospital Course:[CM.1T]
Per admission HPI: "[CM.3M]Carlos C Hall is a 45 y.o. male prisoner with PMH of paraplegia 2/2 spinal cord injury from GSW injury T12 in 2012, neurogenic bladder with suprapubic catheter, HTN, cocaine abuse, schizophrenia, and history of MRSA bacteremia in 6/2018 c/b R elbow septic arthritis / L elbow bursitis / and vertebral osteomyelitis with epidural abscess (s/p laminectomy and TLIF with auto bone graft) s/p fixation with laminectomy/disectomy on 7/25 followed by 6 weeks of IV Vancomycin and PO rifampin with subsequent hardware infection with evidence of phlegmon growing MRSA s/p complete removal of posterior instrumentation L3-S1 then fusion extending from L2 to S1 and Iliac bone with pedicle fixation and completed 6 weeks of IV daptomycin and is currently on doxy but noncompliant (only took for 1 month as it made his stomach upset).

Patient reports that he is in pain all over after suffering a fall from his bed on Thursday. Patient states that he he felt and landed on his back subsequently hitting the back of his head and bottom. He reports that he isn't sure if he lost consciousness, but was told that he was out for a couple of minutes. Patient reports that since then he has been in pain, and is only being given tylenol while at the prison. He also reports that he feels that he might have an ulcer on his bottom from sitting in the wheelchair provided by the prison, stating that it isn't adequate for his condition. Patient reports a subjective fever on Friday, denies any chills, sob, pain or burning with urination. Denies chest pain, abdominal pain, n/v/d, endorses constipation[CM.3C]."[CM.3M]

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Discharge Summary Note (continued)

Back pain appears to be mechanical from fall although CT showed loosened hardware therefore NSGY eval[CM.3C]uation requested. Given baseline neuro exam felt that there was no surgical intervention needed at this time. Cystitis found on admission with no growth per culture. Treated with Ceftriaxone, however will transition to oral Bactrim. His amlodipine was increased to 10 mg due to persistently elevated BP and instructed to follow closely with PCP. Resumed previously prescribed Abilify and will prescribe for 1 month stressed the importance of close mental health follow-up and instructed[CM.3M] to schedule an appointment as soon as possible in the coming weeks. Also had labs done to work-up anemia and found to be iron deficient.[CM.4M]

Consults:[CM.1T] Neurosurgery[CM.4M]

Significant Diagnostic Studies:[CM.1T] radiology: CT scan: results below
CT ABD/Pelvis 4/15/2019[CM.4M]
Impression:
1. Changes of chronic cystitis with suprapubic catheter in place.
2. Focal dilation of the membranous urethra with calcifications. This may represent a focal dilation versus a diverticulum.
3. Postsurgical changes from posterior spinal fusion in the lumbar and upper sacral spine with loosening of the right L2 screw.
4. Bullet fragment seen within the spinal canal at the T12 level.[CM.4C]

Treatments:[CM.1T] IV Rocephin for cystitis[CM.4M]

Discharge Exam:[CM.1T]
- Gen:[CM.4T] 45 y.o. male[CM.2T] lying supine in NAD, pleasant & cooperative
- HEENT: NCAT, PERRL, sclera clear, MMM
- Neck: Supple, trachea midline
- CV: Normal rate, regular rhythm, normal S1/S2 with no MRG
- Resp: CTAB, no wheezes or crackles, normal respiratory effort
- ABD: Soft, nontender,[CM.4T] mild distension[CM.4M], normoactive bowel sounds throughou[CM.4T][CM.4M]
- EXT: MAEW, no peripheral edema, no clubbing or cyanosis, 2+ radial/DP pulses b/l
- MSK: Normal full ROM of all joints without, effusion or deformities
- Neuro: AAOx4, CN II-XII grossly intact,[CM.4T] paraplegic at LE with muscle wasting[CM.4M]
- Psych: Mood and affect appropriate for situation, thought content normal[CM.4T]
- Skin: Warm and dry, no rash healing surgical incisions[CM.4M]

Disposition:[CM.1T] Jail or federal prison[CM.2T]

Patient Instructions:[CM.1T]

Your medication list

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Discharge Summary Note (continued)

START taking these medications

	Last Dose Given	Next Dose Due

docusate sodium 100 MG capsule
Commonly known as: COLACE
Take 1 capsule (100 mg total) by mouth every 12 (twelve) hours for 10 days.

ferrous sulfate 325 mg (65 mg elemental iron) tablet
Take 1 tablet (325 mg total) by mouth daily with breakfast.

Sulfamethoxazole-TMP 800-160 mg per tablet
Commonly known as: BACTRIM DS
Take 1 tablet by mouth 2 (two) times a day.

CHANGE how you take these medications

	Last Dose Given	Next Dose Due

amLODIPine 10 MG tablet
Commonly known as: NORVASC
Take 1 tablet (10 mg total) by mouth daily for 30 days.
What changed: **how much to take**

baclofen 20 MG tablet
Commonly known as: LIORESAL
Take 0.5 tablets (10 mg total) by mouth 3 (three) times a day for 30 days.
What changed: **when to take this**

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Consult Notes (continued)

SpO2:	95%	96%	94%

Physical Exam:
General: NAD
Head and neck- NC/AT, neck supple
Pulm- non-labored
CV- extremities warm
Abd- nondistended
Neuro:
AAOx3,
speech and language intact
CN II-XII intact b/l[NG.1T]
5/5 strength BUE, baseline 0/5 distal lowers with some antigravity movement in hip flexors
Sensation attenuated R leg in a non-dermatomal distribution[NG.1M]
reflexes 2+ and symmetric

Imaging- As stated above in HPI

A/P: 45 y.o. male[NG.1T] with pmhx T12 SCI and spondylodiscitis,[NG.1M] who presents with[NG.1T] worsening back pain after falling out of bed with stable neurologic exam[NG.1M]
-[NG.1T] No neurosurgical intervention is indicated at this time
- We will see tomorrow and give updated recommendations[NG.1M]

Staff:[NG.1T] Palys[NG.1M]

Natalie M. Guley, MD, PhD
PGY-1, Neurosurgery
Pager:405-9920
4/16/2019, 9:56 PM[NG.1T]

Electronically signed by Natalie M Guley, MD at 4/16/2019 10:04 PM

Attribution Key
NG.1 - Natalie M Guley, MD on 4/16/2019 9:56 PM
M - Manual, T - Template

Clinical Notes

Care Management

Misty Price, RN at 4/16/2019 9:53 AM

Version 1 of 1

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

Consult Notes (continued)

Imaging- As stated above in HPI

A/P: 45 y.o. male with pmhx T12 SCI and spondylodiscitis, who presents with worsening back pain after falling out of bed with stable neurologic exam
- No neurosurgical intervention is indicated at this time
- We will see tomorrow and give updated recommendations

Staff: Palys

Natalie M. Guley, MD, PhD
PGY-1, Neurosurgery
Pager:405-9920
4/16/2019, 9:56 PM

Electronically signed by Viktoras Palys, MD at 4/16/2019 11:30 PM

Version 1 of 2

Author: Natalie M Guley, MD
Filed: 4/16/2019 10:04 PM
Editor: Natalie M Guley, MD (Resident)
Cosigner: —

Service: Neurosurgery
Date of Service: 4/16/2019 10:04 PM

Author Type: Resident
Status: Cosign Needed
Cosign Required: Yes

CC: spine hardware

HPI: Carlos C Hall is a 45 y.o. male well known to the neurosurgery service who has a past medical history of T12 spinal cord injury from GSW, as well as L3-S1 instrumented fusion for spondylodiscitis in 2018, then revision and L4/5 XLIF also in 2018, who presents today after having fallen out of bed while incarcerated. He said this event occurred Thursday night and he has had worsening back pain since then. He does have a history of chronic back pain and the pain he describes is midline and radiates down his bilateral legs R>>L. He is very weak in bilateral lower extremities which is his baseline. He does have bowel and bladder incontinence, and has a suprapubic catheter. This does not appear to have worsened since his fall. CT of the lumbar spine and abdomen/pelvis performed on admission to this hospital stay demonstrates no new findings concerning for infection or abscess, but with a small lucency around the right L2 pedicle screw.

14 point ROS is otherwise negative except as in above HPI

Past Medical History:

Diagnosis	Date
• ACE inhibitor-aggravated angioedema	7/18/2016
• Chronic back pain	
• Chronic pain due to trauma *GSW*	
• Chronic paraplegia (HCC) *GSW to T12 in 2012*	7/27/2018
• Difficult intravenous access	12/4/2018

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

H&P Notes (continued)

Attestation signed by Robert H. Hopkins, MD at 4/16/2019 1:33 PM

General Internal Medicine 3A Attending Admit

I have seen and examined Mr. Hall and discussed his care on team rounds this am after review of his chart. In brief, he is 45 man with schizophrenia, tobacco use and paraplegia, neurogenic bladder due to GSW. He had extensive spine instrumentation following Staph bacteremia with elbow and spine OM in 2018. He was brought to UAMS after fall out of bed at Jail on Thursday and intractable pain since. He states he believes he rolled over and fell out of bed in his sleep, awoke on floor. States he was told he had LOC but we do not have that data. Tells me his pain was not controlled with tylenol at Jail- thus brought to ED last pm. States he hurt all over after fall and pain now is primarily across buttocks and low back to waist line and radiates down R posterior LE to calf and L posterior LE to knee. He further reports subjective fever since Friday without localizing symptoms of infection. On my exam he was awake, alert and in NAD= able to move around in bed without difficulty until I began to examine his back. PFSH, ROS as in attached H&P.
PE: Vitals as in attached resident note
GEN: Alert, pleasant, NAD. Oriented x 4
HEENT: NC/AT, PERRL, EOMI. Conjunctiva/sclera clear. OP moist pink mucosa
NECK: Supple, midline trachea
CHEST: Clear symmetric breath sounds
CVS: RRR, No MGRE. Pulses symmetric
ABD: Soft, nontender, BS+. Suprapubic catheter in situ
BACK: extensive well healed spinal postsurgical scars. NO contusions, skin breaks nor skin tears noted. C/O tenderness buttocks and dow R thigh
NEURO: CN intact, UE mobility and strength normal.
Lab: K 3.2 HGB 9.3 (microcytic) ALP 164 Normal PLT, WBC, renal function
CT A/P: Bladder thickening c/w chronic cystitis. Loosening of screw in spine hardware
IMP/PLAN:

1. Intractable back pain (Likely mechanical +/- overlay from his current situation) following fall from bed: Reviewed CT & report and ask NSGY to eval re: loosened hardware. Gabapentin for neuropathic pain. No current evidence to support infectious etiology.
2. Chronic cystitis: Suprapubic catheter replaced in ED. Ceftriaxone for now, can change to PO Bactrim if ready for DC before completes 5-7 days course. FU blood and urine cultures.
3. HypoKalemia: Replace PO
4. Chronic anemia: Check Iron stores
5. Chronic HTN: Continue home meds
6. Schizophrenia: Continue home meds

1.
2. Robert H Hopkins, Jr., MD
3. Professor of Internal Medicine and Pediatrics
4.

H&P

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04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

H&P Notes (continued)

BP: (120-167)/(78-100) 142/85

- **Gen:** AAO x 3, not in distress.
- **HEENT:** PERRL, EOMI, no pallor or jaundice.
- **Neck:** No JVD, midline trachea, no carotid artery bruit, no thyromegally, no lymphadenopathy.
- **Chest:** normal breathing movements.
- **Resp:** Clear bilateral air entry, no wheezing or crackles.
- **CV:** RRR, no M/R/G, pulses 2+ bilaterally.
- **GI:** Soft lax, not distended, no tenderness, no organomegaly, +BS.
- **GU:** suprapubic cath in place w/o signs of infection
- **MSS:** TTP of lumbar spine, with longitudinal incision scar well healed with PIH, No lower ext. edema or swelling.
- **Skin:** No ulcers or skin rash noticed
- **Neuro:** CN II-XII intact, full strength in upper extremities, decreased sensation from waist down, with atrophy and paraplegia

Assessment and Plan

Carlos C Hall is a 45 y.o. male with PMH of paraplegia 2/2 spinal cord injury from GSW injury T12 in 2012, neurogenic bladder with suprapubic catheter, HTN, cocaine abuse, schizophrenia, and history of MRSA bacteremia in 6/2018 c/b R elbow septic arthritis / L elbow bursitis / and vertebral osteomyelitis with epidural abscess (s/p laminectomy and TLIF with auto bone graft) s/p fixation with laminectomy/disectomy on 7/25 followed by 6 weeks of IV Vancomycin and PO rifampin with subsequent hardware infection with evidence of phlegmon growing MRSA s/p complete removal of posterior instrumentation L3-S1 then fusion extending from L2 to S1 and Iliac bone with pedicle fixation and completed 6 weeks of IV daptomycin and is currently on doxy but noncompliant (only took for 1 month as it made his stomach upset). Patient presenting with back pain, admission requested for further workup.

Admit to Team 3A

Back pain hx of vertebral osteo
- detailed history as above
- pt noncompliant with doxy
- blood cultures obtained after abx
- CT spine? no MRI due to bullet fragment
- continue home norco 10 q6h prn (pmp reviewed)
- ID consult in AM

UTI hx of neurogenic bladder s/p suprapubic cath
- s/p exchange while in ED
- UA: + nitrites, LE
- CTAP w/con: no pyelo, pending final read
- continue ctx

HTN
- continue home amlodipine

Paraplegia
- continue home baclofen and gabapentin

UAMS
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UAMS Hospital
4301 West Markham Street
Slot #524
Little Rock AR 72205

Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Adm: 2/5/2020, D/C: 2/6/2020

02/05/2020 - ED in Emergency Department (continued)

ED Provider Note (continued)

Physical Exam[BW.1T]

BP 106/76 | Pulse 75 | Temp 99 °F (37.2 °C) (Oral) | Resp 16 | Ht 5' 6" (1.676 m) | Wt 210 lb (95.3 kg) | SpO2 96% | BMI 33.89 kg/m²

Vitals:

	02/05/20 2332	02/05/20 2337	02/05/20 2345	02/06/20 0115
BP:		(!) 122/96	118/89	106/76
Pulse:		89	84	75
Resp:	16		16	16
Temp:	99 °F (37.2 °C)			
SpO2:		97%	96%	96%[BW.3T]

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:
- General: He is not in acute distress.
- Appearance: He is well-developed. He is not diaphoretic.

HENT:
- Head: Normocephalic and atraumatic.

Eyes:
- Conjunctiva/sclera: Conjunctivae normal.

Neck:
- Musculoskeletal: Normal range of motion and neck supple. No[BW.1T] neck rigidity[BW.1M] or[BW.1T] muscular tenderness[BW.1M].

Cardiovascular:
- Rate and Rhythm: Normal rate and regular rhythm.
- Pulses:
  - Radial pulses are 2+ on the right side and 2+ on the left side.
  - Dorsalis pedis pulses are 2+ on the right side and 2+ on the left side.
- Heart sounds: Normal heart sounds. No murmur. No friction rub. No gallop.

Pulmonary:
- Effort: Pulmonary effort is normal. No respiratory distress.
- Breath sounds: Normal breath sounds. No wheezing,[BW.1T] rhonchi[BW.1M] or rales.

Abdominal:
- General: Bowel sounds are normal. There is no distension.
- Palpations: Abdomen is soft.
- Tenderness: There is no abdominal tenderness. There is no guarding or rebound.

Musculoskeletal: Normal range of motion.
- General: No[BW.1T] swelling[BW.1M] or[BW.1T] tenderness[BW.1M].
- Right lower leg:[BW.1T] No edema[BW.1M].
- Left lower leg: No[BW.1T] edema[BW.1M].

Skin:
- General: Skin is warm and dry.
- Capillary Refill: Capillary refill takes less than 2 seconds.
- Coloration: Skin is not[BW.1T] jaundiced[BW.1M] or[BW.1T] pale[BW.1M].
- Findings: No[BW.1T] rash[BW.1M].

Neurological:
- Mental Status: He is alert and oriented to person, place, and time. Mental status is[BW.1T] at baseline[BW.1M].

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MRN: 000411229, DOB: [redacted] Sex: M
Visit date: 5/10/2019

05/10/2019 - Telephone in Neurosurgery Clinic (continued)

Clinical Notes (continued)

Version 1 of 1

Author: Tammy R Drake, RN | Service: — | Author Type: Registered Nurse
Filed: 5/10/2019 9:06 AM | Encounter Date: 5/10/2019 | Status: Signed
Editor: Tammy R Drake, RN (Registered Nurse)

Patient is in the county jail. I have called and left voice mail that patient needs to be seen in clinic in July.[TD.1M]

Electronically signed by Tammy R Drake, RN at 5/10/2019 9:06 AM

Attribution Key

TD.1 - Tammy R Drake, RN on 5/10/2019 9:02 AM
M - Manual

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Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Adm: 4/15/2019, D/C: 4/18/2019

04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

H&P Notes (continued)

Chief Complaint[TA.1T]

pain[TA.1M]

HPI[TA.1T]

Carlos C Hall[TA.2T] is a[TA.1T] 45 y.o. male[TA.2T] prisoner[TA.1M] with PMH of[TA.1T] paraplegia 2/2 spinal cord injury from GSW[TA.1C] injury[TA.3M] T12 in 2012, neurogenic bladder with suprapubic catheter, HTN, cocaine abuse, schizophrenia, and history of MRSA bacteremia in 6/2018 c/b R elbow septic arthritis / L elbow bursitis / and vertebral osteomyelitis with epidural abscess (s/p laminectomy and TLIF with auto bone graft) s/p fixation with laminectomy/disectomy on 7/25 followed by 6 weeks of IV Vancomycin and PO rifampin[TA.1C] with subsequent[TA.1M] hardware infection with evidence of phlegmon growing MRSA s/p complete removal of posterior instrumentation L3-S1 then fusion extending from L2 to S1 and Iliac bone with pedicle fixation and completed 6 weeks of IV daptomycin[TA.1C] and is currently on doxy but noncompliant (only took for 1 month as it made his stomach upset).

Patient reports that he is in pain all over after suffering a fall from his bed on Thursday. Patient states that he he fell and landed on his back subsequently hitting the back of his head and bottom. He reports that he isn't sure if he lost consciousness, but was told that he was out for a couple of minutes. Patient reports that since then he has been in pain, and is only being given tylenol while at the prison. He also reports that he feels that he might have an ulcer on his bottom from sitting in the wheelchair provided by the prison, stating that it isn't adequate for his condition. Patient reports a subjective fever on Friday, denies any chills, sob, pain or burning with urination. Denies chest pain, abdominal pain, n/v/d, endorses constipation

Upon my interview, patient was resting in bed on his back watching television.

While in the ED patient received ctx for uti as well as 5mg morphine x 2 and suprapubic cath was exchanged.[TA.1M]

ER Course:
* In the ED, patient was
* Vitals:

	LAST RECORDED VALUE	24 HOUR RANGE
Temperature:[TA.1T]	**98.4 °F (36.9 °C)**	*Temp: [97.9 °F (36.6 °C)-98.4 °F (36.9 °C)] 98.4 °F (36.9 °C)*[TA.2T]
Heart Rate:[TA.1T]	**76**	*Heart Rate: [73-103] 76*[TA.2T]
Blood Pressure:[TA.1T]	**142/85**	*BP: (120-167)/(78-100) 142/85*[TA.2T]
Pulse ox[TA.1T]	**100 %**	

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Adm: 4/15/2019, D/C: 4/18/2019

04/15/2019 - ED to Hosp-Admission (Discharged) in F8 - CV/MED SPECIALTIES (continued)

H&P Notes (continued)

BP: (120-167)/(78-100) 142/85[TA.2T]

- **Gen:** AAO x 3, not in distress.
- **HEENT:** PERRL, EOMI, no pallor or jaundice.
- **Neck:** No JVD, midline trachea, no carotid artery bruit, no thyromegally, no lymphadenopathy.
- **Chest:** normal breathing movements.
- **Resp:** Clear bilateral air entry, no wheezing or crackles.
- **CV:** RRR, no M/R/G, pulses 2+ bilaterally.
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- **GU:** suprapubic cath in place w/o signs of infection[TA.1M]
- **MSS:**[TA.1T] TTP of lumbar spine, with longitudinal incision scar well healed with PIH,[TA.1M] No lower ext. edema or swelling.
- **Skin:** No ulcers or skin rash noticed
- **Neuro:** CN II-XII intact,[TA.1T] full strength in upper extremities, decreased sensation from waist down, with atrophy and paraplegia[TA.1M]

Assessment and Plan[TA.1T]

Carlos C Hall[TA.2T] is a[TA.1T] 45 y.o. male[TA.2T] with PMH of[TA.1T] paraplegia 2/2 spinal cord injury from GSW injurint T12 in 2012, neurogenic bladder with suprapubic catheter, HTN, cocaine abuse, schizophrenia, and history of MRSA bacteremia in 6/2018 c/b R elbow septic arthritis / L elbow bursitis / and vertebral osteomyelitis with epidural abscess (s/p laminectomy and TLIF with auto bone graft) s/p fixation with laminectomy/disectomy on 7/25 followed by 6 weeks of IV Vancomycin and PO rifampin[TA.1C] with subsequent[TA.1M] hardware infection with evidence of phlegmon growing MRSA s/p complete removal of posterior instrumentation L3-S1 then fusion extending from L2 to S1 and Iliac bone with pedicle fixation and completed 6 weeks of IV daptomycin[TA.1C] and is currently on doxy but noncompliant (only took for 1 month as it made his stomach upset). Patient presenting with back pain, admission requested for further workup.[TA.1M]

Admit to Team[TA.1T] 3A

Back pain hx of vertebral osteo[TA.1M]
-[TA.1T] detailed history as above
- pt noncompliant with doxy
- blood cultures obtained after abx
- CT spine? no MRI due to bullet fragment
- continue home norco 10 q6h prn (pmp reviewed)
- ID consult in AM

UTI hx of neurogenic bladder s/p suprapubic cath
- s/p exchange while in ED
- UA: + nitrites, LE
- CTAP w/con: no pyelo, pending final read[TA.1M]
-[TA.1T] continue ctx

HTN[TA.1M]
-[TA.1T] continue home amlodipine

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Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Visit date: 7/23/2019

07/23/2019 - Office Visit in Infectious Disease Clinic (continued)

Clinical Notes (continued)

Attestation signed by Atul Kothari, MD at 7/24/2019 12:26 PM

I have seen and examined Carlos C Hall and discussed his care with Dr.Thapa. I have confirmed the history and physical exam findings, reviewed the documentation above, and agree with it as written. I have personally reviewed the available labs and imaging. The assessment and plan has been formulated by me and is as noted above. Inflammatory markers improving after pt has restarted suppressive doxy. Will defer to neurosurgery about need for imaging, none from an ID perspective currently. My chart link requested as per pt request.

Infectious Diseases Clinic Note

Patient ID:[PT.1T] Carlos C Hall[PT.2T] is a[PT.1T] 45 y.o.[PT.2T] black[PT.3M] male[PT.2T] who presents to ID clinic for[PT.1T] follow up for complicated MRSA infection.[PT.3M]
DOB:[PT.1T] 9/13/1973[PT.2T]
MRN:[PT.1T] 000411229[PT.2T]

Subjective

HPI:[PT.1T]
Mr. Hall is a 45 y/o AA man w/ paraplegia 2/2 GSW w/ neurogenic bladder s/p suprapubic catheter,[PT.3M] cocaine abuse, recent incarceration, and recurrent and complicated MRSA bacteremia most recently with vertebral osteomyelitis who is presenting to clinic today for follow up and to discuss suppressive antibiotic therapy.[PT.4M]

States that he has been having very bad back pain. Reports having fevers recently as well as night sweats. No chills. Last fever was about 2-3 weeks ago and up to 102 he thinks. Overall, has been feeling down and not very well.[PT.5M] The back pain makes him feel depressed. Denies SI/HI. Says that he has been[PT.4M] adherent to Doxycycline for the past 3 months. Denies chest pain, shortness of breath. Has been feeling more fatigued lately as well but is usually intermittent throughout the month. Denies joint swelling but does have joint pains.[PT.5M] He missed his follow up with NSGY last week so will not be seen until the end of next month. He denies any skin breakdown around surgical site. No erythema, warmth, drainage.[PT.4M]

ROS:[PT.1T]
Negative except as in HPI.[PT.3M]

This patient's past medical history, problem list, and mediations were reviewed during this visit.

Objective

Physical Exam:[PT.1T]
BP 134/84 (BP Location: Left arm, Patient Position: Sitting) | Pulse 76 | Temp 98.7 °F (37.1 °C) (Oral) | Resp 16 | Ht 5' 6" (1.676 m) | Wt 205 lb (93 kg) | SpO2 95% | BMI 33.09 kg/m²[PT.2T]

General:[PT.1T] paraplegic man sitting in wheelchair playing on phone in NAD[PT.4M]
HEENT:[PT.1T] AT NC, no scleral icterus, clear OP, MMM[PT.4M]
Neck:[PT.1T] supple, no LAD[PT.4M]
Cardiovascular:[PT.1T] normal rate, regular rhythm, no murmurs[PT.4M]
Respiratory/Chest:[PT.1T] normal effort, CTAB, no wheezes or crackles[PT.4M]
Abdomen/GI:[PT.1T] soft, slight tenderness to palpation around suprapubic catheter site, ND[PT.4M]
Ext:[PT.1T] muscle atrophy of BLE noted, no c/c/e[PT.4M]
Skin:[PT.1T] midline lumber surgical scar that appears well healed without skin breakdown with tenderness to palpation along midline.[PT.4M]

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MRN: 000411229, DOB: [redacted] Sex: M
Adm: 8/7/2019, D/C: 8/8/2019

08/07/2019 - ED to Hosp-Admission (Discharged) in H8 - NEUROLOGY/NEUROSURGERY (continued)

Flowsheets (continued)

Respiratory					
Respiratory (WDL)	Within Defined Limits -LG at 08/08/19 0951	—	—	Within Defined Limits -PS at 08/07/19 2148	Within Defined Limits -LG at 08/07/19 1642
Cardiac					
Cardiac (WDL)	Exceptions to WDL brady -LG at 08/08/19 0951	—	—	Within Defined Limits -PS at 08/07/19 2148	Exceptions to WDL -LG at 08/07/19 1642
Cardiac Regularity	Regular -LG at 08/08/19 0951	—	—	—	Regular -LG at 08/07/19 1642
Heart Sounds	S1, S2;No adventitious heart sounds -LG at 08/08/19 0951	—	—	—	S1, S2;No adventitious heart sounds -LG at 08/07/19 1642
Jugular Venous Distention (JVD)	No -LG at 08/08/19 0951	—	—	—	No -LG at 08/07/19 1642
Cardiac Rhythm	Sinus bradycardia -LG at 08/08/19 0951	—	—	—	Sinus bradycardia -LG at 08/07/19 1642
Peripheral Vascular					
Peripheral Vascular (WDL)	Exceptions to WDL -LG at 08/08/19 0951	—	—	Exceptions to WDL -PS at 08/07/19 2148	Exceptions to WDL -LG at 08/07/19 1642
Edema	Right lower extremity;Left lower extremity -LG at 08/08/19 0951	—	—	Right lower extremity;Left lower extremity -PS at 08/07/19 2148	Right lower extremity;Left lower extremity -LG at 08/07/19 1642
RLE Edema	Moderate pitting, indentation subsides rapidly -LG at 08/08/19 0951	—	—	Moderate pitting, indentation subsides rapidly -PS at 08/07/19 2148	Moderate pitting, indentation subsides rapidly -LG at 08/07/19 1642
LLE Edema	Moderate pitting, indentation subsides rapidly -LG at 08/08/19 0951	—	—	Moderate pitting, indentation subsides rapidly -PS at 08/07/19 2148	Moderate pitting, indentation subsides rapidly -LG at 08/07/19 1642
Capillary Refill	Less than/equal to 3 seconds (All extremities) -LG at 08/08/19 0951	—	—	—	Less than/equal to 3 seconds (All extremities) -LG at 08/07/19 1642
Cyanosis	None -LG at 08/08/19 0951	—	—	—	None -LG at 08/07/19 1642
Integumentary					
Integumentary (WDL)	Exceptions to WDL -LG at 08/08/19 0951	—	—	Exceptions to WDL -PS at 08/07/19 2148	Exceptions to WDL -LG at 08/07/19 1642
Skin Color	Appropriate for ethnicity -LG at 08/08/19 0951	—	—	—	Appropriate for ethnicity -LG at 08/07/19 1642
Skin Condition/Temp	Warm;Dry -LG at 08/08/19 0951	—	—	—	Warm;Dry -LG at 08/07/19 1642
Skin Integrity	Cracking;Other (Comment) -LG at 08/08/19 0951	—	—	Cracking;Other (Comment) pressure ulcer -PS at 08/07/19 2148	Cracking;Other (Comment) -LG at 08/07/19 1642
Skin Location	cracking to feet; decubitus to sacrum -LG at 08/08/19 0951	—	—	cracking to feet, sacral ulcer -PS at 08/07/19 2148	Bil feet; decubitus to sacrum -LG at 08/07/19 1642
Skin Turgor	Non-tenting -LG at 08/08/19 0951	—	—	—	Non-tenting -LG at 08/07/19 1642
Integumentary Additional	No -LG at 08/08/19 0951	—	—	—	No -LG at 08/07/19 1642

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Adm: 2/5/2020, D/C: 2/6/2020

02/05/2020 - ED in Emergency Department (continued)

ED Care Timeline (continued)

23:37	Neurological	**Neurological** Neuro (WDL): Exceptions to WDL Level of Consciousness: Alert* Orientation Level: Oriented X4 Cognition: Follows commands Speech: Clear L Pupil Reaction: Brisk L Pupil Size (mm): 3 L Pupil Shape: Round R Pupil Reaction: Brisk R Pupil Size (mm): 3 R Pupil Shape: Round Equal Strength : Yes Deficits: Paraplegia **Glasgow Coma Scale** Eye Opening: Spontaneous Best Motor Response: Obeys commands Best Verbal Response: Oriented Glasgow Coma Scale Score: 15	Brooke Bradshaw, RN
23:37	Vital Signs	**Vital Signs** Pulse: 89 SpO2: 97 % (Device Time: 23:37:04) BP: **122/96** ! (Device Time: 23:37:04) **Oxygen Therapy** SpO2: 97 % (Device Time: 23:37:04) **CIWA-Ar** BP: **122/96** ! (Device Time: 23:37:04) Pulse: 89	Brooke Bradshaw, RN
23:37	Custom Formula Data	**Other flowsheet entries** Shock Index: 0.73	Brooke Bradshaw, RN
23:39:20	Allergies Reviewed		Brooke Bradshaw, RN
23:39:22	Home Medications Reviewed		Brooke Bradshaw, RN
23:39:25	History Reviewed	Sections Reviewed: Medical, Surgical, Tobacco, Alcohol, Drug Use, Sexual Activity, Family	Brooke Bradshaw, RN
23:42	Skin Color/Condition	**Skin Color/Condition** Skin Color/Condition (WDL): Exceptions to WDL (No signs of skin breakdown to buttock. Pt L side laying with wedge at this time.)	Brooke Bradshaw, RN
23:42	Musculoskeletal Assessment	**Musculoskeletal details** MS Central/Spine: Lower back Lower Back: Limited movement; No swelling; No injury/trauma; No deformity **Musculoskeletal** Musculoskeletal (WDL): Exceptions to WDL	Brooke Bradshaw, RN
23:42	EHDS FALL INTERVENTIONS	**Fall Interventions** Fall Interventions: Fall band applied; Bed in low, locked position; Call bell in place, with instructions provided for use; Patient directed to ask for assistance with movement; Side Rails Up X 2	Brooke Bradshaw, RN

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MRN: 000411229, DOB: [redacted] Sex: M
Adm: 10/1/2019, D/C: 10/1/2019

10/01/2019 - ED in Emergency Department (continued)

Medication List (continued)

ED Provider Note

ED Provider Notes

Courtney C Newsome, MD at 10/1/2019 7:37 AM

Version 1 of 1

Author: Courtney C Newsome, MD | Service: — | Author Type: Resident
Filed: 10/1/2019 8:03 AM | Date of Service: 10/1/2019 7:37 AM | Status: Attested
Editor: Courtney C Newsome, MD (Resident) | Cosigner: Jerrilyn D Jones, MD at 10/17/2019 12:46 PM

Attestation signed by Jerrilyn D Jones, MD at 10/17/2019 12:46 PM

ED ATTENDING ATTESTATION

I performed a history and physical examination of the patient and discussed the management with the resident. I was present for key portions of the procedure(s) performed. I agree with the findings and plan of care as documented in the resident's note except as indicated below.

Jerrilyn Jones, MD, MPH
Assistant Professor
Department of Emergency Medicine

Date of Service: 10/01/2019

History

Chief Complaint
Patient presents with
- Hypertension
- Addiction Problem[CN.1T]

46 yo F w/hx of cocaine abuse, GSW with resulting paraplegia, schizophrenia presents for multiple complaints. Notes that he was coerced into using cocaine earlier today and was pushed over out of his wheelchair, with a bed pushed on top of him. He got back up and called EMS. Denies CP, SOB, head injury, new numbness/weakness, fever. Was recently treated for COPD exacerbation vs PNA (can't tell me which) with steroids, doxy and azithro and continues to have a cough. Complains of hip pain and chronic low back pain. Is also concerned about the cocaine he ingested and his hypertension. BP noted to be 150s/90s. No additional complaints.[CN.1M]

The history is provided by[CN.1T] the patient[CN.1M].[CN.1T] No language interpreter was used[CN.1M].[CN.1T]
Illness[CN.1M]
Location:[CN.1T] **Generalized**[CN.1M]
Quality:[CN.1T] **Ingestion**[CN.1M]
Severity:[CN.1T] **Moderate**[CN.1M]
Onset quality:[CN.1T] **Sudden**[CN.1M]

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Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Adm: 10/1/2019, D/C: 10/1/2019

10/01/2019 - ED in Emergency Department (continued)

ED Notes (continued)

Ashley Connors, RN at 10/1/2019 8:17 AM

Version 1 of 1

Author: Ashley Connors, RN | Service: Emergency Medicine | Author Type: Registered Nurse
Filed: 10/1/2019 8:19 AM | Date of Service: 10/1/2019 8:17 AM | Status: Signed
Editor: Ashley Connors, RN (Registered Nurse)

Pt noted to be lying on L side after being turned to R side by nursing staff. Pt states he turned himself to the L side. Pt had previously states that he was paralyzed and was unable to perform turns on his own. LRPD officers at bedside, gave pt an envelop with cash in it, states the patient is not in custody and advised they were leaving.[AC.1M]

Electronically signed by Ashley Connors, RN at 10/1/2019 8:19 AM

Attribution Key

AC.1 - Ashley Connors, RN on 10/1/2019 8:17 AM
M - Manual

Ashley Connors, RN at 10/1/2019 9:46 AM

Version 1 of 1

Author: Ashley Connors, RN | Service: — | Author Type: Registered Nurse
Filed: 10/1/2019 9:47 AM | Date of Service: 10/1/2019 9:46 AM | Status: Signed
Editor: Ashley Connors, RN (Registered Nurse)

Pt discharge instruction and follow up reviewed. Pt states understanding. Waiting for family to transport home.[AC.1M]

Electronically signed by Ashley Connors, RN at 10/1/2019 9:47 AM

Attribution Key

AC.1 - Ashley Connors, RN on 10/1/2019 9:46 AM
M - Manual

Ashley Connors, RN at 10/1/2019 10:58 AM

Version 1 of 1

Author: Ashley Connors, RN | Service: — | Author Type: Registered Nurse
Filed: 10/1/2019 10:59 AM | Date of Service: 10/1/2019 10:58 AM | Status: Signed
Editor: Ashley Connors, RN (Registered Nurse)

Contacted pt's father Mr. Hall 501-219-2216 who stated he was on the way to come get patient, requesting pt to be in the waiting room "ready to go" upon arrival. Pt transferred from stretcher to wheelchair independently. Taken to waiting room by Lalo PCT.[AC.1M]

Electronically signed by Ashley Connors, RN at 10/1/2019 10:59 AM

Attribution Key

AC.1 - Ashley Connors, RN on 10/1/2019 10:58 AM

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UAMS Hospital
4301 West Markham Street
Slot #524
Little Rock AR 72205
Amb Encounter Report

HALL,CARLOS C
MRN: 000411229
DOB: [redacted] Sex: M
Enc. Date: 12/19/14

Medications (continued)

Progress Notes

Ruth Fissel, LCSW at 12/19/2014 3:16 PM
Author Type: Social Worker Status: Signed

Pt referred by Dr. Moses due to multiple issues and pt request for pain meds along with difficulty in securing a good social history re: pt. Met with pt and completed both a Depression Screen PHQ9 score of 17, and psychosocial assessment. Pt reports he has dx of "schizoaffective disorder, bipolar type" and was seen by Dr. Nguyen about 3 yrs ago and Dr. Kazinski (at first he said currently and on abilify and later states he has not seen him for about a year). Pt changed PCPs b/c last doctor didn't help him and he needs help for his pain. Explained that New Patients receive a full assessment in order to be able to treat them and that we are not able to provide pain med script on first visit as we do not know the patient. Informed him of the DEA law that went into effect Oct 1 and that Dr. Moses will have to assess him further before she can prescribe pain meds.

Pt reports he has been depressed about 2 yrs since he lost his brother and since he was shot. He has been hospitalized at ASH a number of times, both voluntarily and involuntarily. When asked if he thought he needed to go to the hospital today , he stated he didn't and that he has his kids to take care of bills to pay. Told pt. he needs to be followed by psychiatry and to be on his meds in order to help him feel better. He voiced ideas of self destructing with no specific plan and denies that he has any weapons or access. Pt reports that he needs help and kept asking if SW would come and see him or call him and was upset, tearful saying we don't care and won't help him and won't call him or come and see him. I assured him we will follow up with him and that I will be calling but will refer him to agencies that can assist him in the home.

Reviewed with Dr. Moses and agreed that return to psych care is appropriate along with referral for pain specialist. I also provided brochure on AADP Medicaid Waiver - pt upset that he had to call, explained that this is so he can provide accurate info and they will come to his home to assess his needs. Suggested that he have his wife help him make the call. Pt provided with contact info for Dr. Nguyen and for Living Hope. Pt has my card and I will follow up with him via phone next week.

Electronically signed by Ruth Fissel, LCSW on 12/31/2014 5:42 AM

Tricia S. Moses, MD at 12/19/2014 1:57 PM
Author Type: Physician Status: Signed

Subjective:

Patient ID: Carlos C Hall is a 41 y.o. male.

HPI Comments: Carlos C Hall is a 41 y.o. male who has a past medical history of Hypertension; Spinal cord injury at T7-T12 level without injury of spinal bone; Late effect of spinal cord injury; Chronic back pain; and Schizophrenia presents to IMS to establish primary care. Pt was previously followed by Dr. Lee Nayles.

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UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS Hospital
4301 West Markham Street
Slot #524
Little Rock AR 72205

Hall, Carlos Cortez
MRN: 000411229, DOB: [redacted] Sex: M
Adm: 8/7/2019, D/C: 8/8/2019

08/07/2019 - ED to Hosp-Admission (Discharged) in H8 - NEUROLOGY/NEUROSURGERY (continued)

Other Doctors' Notes (continued)

Attestation signed by Clinton E. Evans, MD at 8/19/2019 2:31 AM

Carlos C Hall was diagnosed with

1. **Headache, unspecified headache type**
2. Essential hypertension
3. Adult abuse and neglect
4. Hypokalemia
5. Urinary tract infection associated with cystostomy catheter, initial encounter (HCC)
6. Somnolence
7. Polysubstance abuse (HCC)
8. Chronic bilateral low back pain without sciatica
9. Acute cystitis with hematuria

I have personally seen and examined the patient and reviewed the resident's findings and plan. As necessary I have inserted my suggestions, comments or clarification to the resident's findings and plan in the note above.

Clint Evans, MD, FACEP
Emergency Medicine

History

Chief Complaint
Patient presents with
- Headache
- Hypertension

Patient presents to the ED for headache, exacerbation of chronic pain, decreased UOP, and unsafe living conditions at home. He has a history of schizophrenia, paraplegia, neurogenic bowel and bladder secondary to GSW to T12. He says he has had increased stress at home that is causing headache and exacerbation of his chronic pain. He gets tension headaches and this feels similar to prior. His chronic pain is at the surgical site of his low back. He says that he has had decreased UOP recently and has not has urine from his suprapubic catheter since yesterday afternoon. He says that he lives in an apartment with his wife and two sons. He relies on them for most ADLs including food and basic hygiene. However, he often cannot get help cleaning himself up after a bowel movement and has since developed chronic wounds near his scrotum and sacral areas. He states that more recently there has been verbal and physical abuse at home. He says that he fights with his wife and children constantly. His wife has told his sons to strike him multiple times. He was last struck the day before yesterday. He denies fever, neck pain, chest pain, SOA, worsening weakness or numbness.

The history is provided by the patient.
Headache
Pain location: **R temporal and L temporal**
Quality: **Dull**

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05/04/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

Allergies

Allergen	Reactions
• Dimetapp (Brompheniramine-Ppa) [Brompheniramine-Ppa]	Itching
• Haldol [Haloperidol]	Hives
• Lisinopril *angioedema*	Swelling
• Robitussin [Guaifenesin]	Itching
• Tramadol	Rash
• Cherry	
• Risperdal [Risperidone]	Rash
• Zyprexa [Olanzapine]	Rash

No diagnosis found.

Physical Exam

BP (!) 147/103 (BP Location: Left arm) | Pulse 74 | Temp 98.5 °F (36.9 °C) (Oral) | Resp 18 | SpO2 100%[KW.1T]

Physical Exam
Constitutional: He is[KW.3T] oriented to person, place, and time[KW.2T]. He appears[KW.3T] well-developed[KW.2T] and[KW.3T] well-nourished[KW.2T].[KW.3T] No distress[KW.2T].
HENT:
Head:[KW.3T] Normocephalic[KW.2T] and[KW.3T] atraumatic[KW.2T].
Right Ear:[KW.3T] External ear[KW.2T] normal.
Left Ear:[KW.3T] External ear[KW.2T] normal.
Nose:[KW.3T] Nose normal[KW.2T].
Mouth/Throat:[KW.3T] Oropharynx is clear and moist[KW.2T]. No[KW.3T] oropharyngeal exudate[KW.2T].
Eyes:[KW.3T] Pupils are equal, round, and reactive to light[KW.2T].[KW.3T] Conjunctivae[KW.2T] and[KW.3T] EOM[KW.2T] are normal. Right eye exhibits[KW.3T] no discharge[KW.2T]. Left eye exhibits[KW.3T] no discharge[KW.2T].[KW.3T] No scleral icterus[KW.2T].
Neck:[KW.3T] Normal range of motion[KW.2T].[KW.3T] Neck supple[KW.2T].[KW.3T] No JVD[KW.2T] present.[KW.3T] No tracheal deviation[KW.2T] present.
Cardiovascular:[KW.3T] Normal rate[KW.2T],[KW.3T] regular rhythm[KW.2T],[KW.3T] normal heart sounds[KW.2T] and[KW.3T] intact distal pulses[KW.2T]. Exam reveals[KW.3T] no gallop[KW.2T] and[KW.3T] no friction rub[KW.2T].[KW.3T]
No murmur[KW.2T] heard.
Pulmonary/Chest:[KW.3T] Effort normal[KW.2T] and[KW.3T] breath sounds normal[KW.2T]. No[KW.3T] stridor[KW.2T]. No[KW.3T] respiratory distress[KW.2T]. He has[KW.3T] no wheezes[KW.2T]. He has[KW.3T] no rales[KW.2T]. He exhibits[KW.3T] no tenderness[KW.2T].
Abdominal:[KW.3T] Soft[KW.2T].[KW.3T] Bowel sounds are normal[KW.2T]. He exhibits[KW.3T] no distension[KW.2T] and[KW.3T] no mass[KW.2T]. There is[KW.3T] no tenderness[KW.2T]. There is[KW.3T] no rebound[KW.2T].[KW.3T]
Soft nontender with large midline surgical scar that is well-healed here. Suprapubic catheter in place with no abnormalities noted.[KW.2M]
Musculoskeletal:[KW.3T] Normal range of motion[KW.2T]. He exhibits no[KW.3T] edema[KW.2T].[KW.3T]
mild TTP over the lumbar area with large midline well-healed scar noted. Patient indicates this pain is baseline. Mild lower extremity edema over the dorsum of each foot bilaterally. pulses intact. No evidence of

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Adm: 5/4/2019, D/C: 5/5/2019

05/04/2019 - ED in Emergency Department

Reason for Visit

Chief Complaints *[last edited by Christine E Stark, RN on 5/4/2019 1835]*

- Edema
- Chest Pain

Visit Diagnoses *[last edited by Kenneth B Williams, MD on 5/5/2019 0042]*

Name	Qualifier	Is ED?
Chest pain, unspecified type (primary)	Acute	Yes
Chronic neuropathic pain	Acute	Yes
Lower extremity edema	Acute	Yes

Visit Information

Admission Information

Arrival Date/Time:	05/04/2019 1820	Admit Date/Time:	05/04/2019 1846	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Police	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	UAMS Service Area	Unit:	Emergency Department
Admit Provider:		Attending Provider:	Sarah M Greenberger, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/05/2019 0200	Jail Or Federal Prison	None	None	Emergency Department

Follow-up Information

Follow-up With	Details	Why	Contact Info
Eightyeight Arcare	In 1 week		11219 FINANCIAL CENTRE PKWY SUITE 200 Little Rock AR 72211 501-455-2712

Level of Service

Level of Service
PR ED LEVEL IV

Treatment Team

Provider	Service	Role	Specialty	From	To
Sarah M Greenberger, MD	—	Attending Provider	Emergency Medicine	05/04/19 2123	05/05/19 0200
Kenneth B Williams, MD	—	Resident	Emergency Medicine	05/04/19 1853	—
Robert Morrison, RN	—	Registered Nurse	Registered Nurse	05/04/19 1848	—

Events

ED Arrival at 5/4/2019 1821

Unit: Emergency Department
User: Keianna D Brown

Admission at 5/4/2019 1846

Unit: Emergency Department	Room: 15 S	Bed: 15 S
User: Jeffery Murray, PSA	Patient class: Emergency	Service: Emergency Medicine

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05/04/2019 - ED In Emergency Department (continued)

ED Provider Note (continued)

skin breakdown over the perineum.[KW.2M]
Neurological: He is[KW.3T] alert[KW.2T] and[KW.3T] oriented to person, place, and time[KW.2T].[KW.3T]
Weakness and wasting of the lower extremities that is chronic.[KW.2M]
Skin: Skin is[KW.3T] warm[KW.2T] and[KW.3T] dry[KW.2T].[KW.3T] No rash[KW.2T] noted. He is[KW.3T] not diaphoretic[KW.2T]. No[KW.3T] erythema[KW.2T].
Psychiatric: He has a[KW.3T] normal mood and affect[KW.2T]. His[KW.3T] behavior is normal[KW.2T].[KW.3T]
Nursing note[KW.2T] and[KW.3T] vitals[KW.2T] reviewed.[KW.3T]

ED Course[KW.1T]
Procedures[KW.1M]

MDM
Number of Diagnoses or Management Options[KW.3T]
Chest pain, unspecified type[KW.2M].[KW.3T] new and requires workup
Chronic neuropathic pain[KW.2M].[KW.3T] new and requires workup
Lower extremity edema[KW.2M].[KW.3T] new and requires workup[KW.2M]

Amount and/or Complexity of Data Reviewed
Clinical lab tests:[KW.3T] ordered and reviewed[KW.2M]
Tests in the radiology section of CPT®:[KW.3T] ordered and reviewed[KW.2M]
Review and summarize past medical records:[KW.3T] yes[KW.2M]
Discuss the patient with other providers:[KW.3T] yes[KW.2M]
Independent visualization of images, tracings, or specimens:[KW.3T] yes[KW.2M]

Risk of Complications, Morbidity, and/or Mortality
Presenting problems:[KW.3T] moderate[KW.2M]
Diagnostic procedures:[KW.3T] moderate[KW.2M]
Management options:[KW.3T] moderate[KW.2M]

Patient Progress
Patient progress:[KW.3T] stable[KW.2M]

MEDICAL DECISION MAKING AND PLAN OF CARE

EMERGENCY DEPARTMENT MEDS GIVEN:[KW.2T]
Medications
gabapentin (NEURONTIN) 800 mg capsule (800 mg Oral Given 5/4/19 2218)
iohexol (OMNIPAQUE) 350 mg iodine/mL 100 mL injection (100 mL IV Push Given 5/5/19 0030)[KW.4T]

RADIOLOGY:[KW.2T]
X-ray chest PA and lateral (Results Pending)
CT PE chest with contrast (Results Pending)[KW.4T]

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05/04/2019 - ED in Emergency Department (continued)

ED Provider Note (continued)

1. **Chest pain, unspecified type Acute**
2. Chronic neuropathic pain Acute
3. Lower extremity edema Acute[KW.4T]

ED Course: Pt was examined and labs and imaging were ordered and reviewed as above.The evaluation and findings along with the disposition, and plan of care were discussed with the patient. The patient agreed and stated understanding.

Brach Williams
Emergency Medicine PGY-1[KW.2T]

Decision Support[KW.1T]

Decision Support[KW.1M]

Kenneth B Williams, MD
Resident
05/05/19 0045
[KW.5T]

Electronically signed by Kenneth B Williams, MD at 5/5/2019 12:45 AM

Attribution Key

KW.1 - Kenneth B Williams, MD on 5/4/2019 6:55 PM
KW.2 - Kenneth B Williams, MD on 5/5/2019 12:36 AM
KW.3 - Kenneth B Williams, MD on 5/4/2019 7:50 PM
KW.4 - Kenneth B Williams, MD on 5/5/2019 12:42 AM
KW.5 - Kenneth B Williams, MD on 5/5/2019 12:45 AM
M - Manual, T - Template

ED Notes

ED Notes

Robert Morrison, RN at 5/4/2019 7:32 PM

Version 1 of 1

Author: Robert Morrison, RN | Service: Emergency Medicine | Author Type: Registered Nurse
Filed: 5/4/2019 7:33 PM | Date of Service: 5/4/2019 7:32 PM | Status: Signed
Editor: Robert Morrison, RN (Registered Nurse)

Pt given skin care s/p bowel incontinence no noted sacral decubitus no obvious breakdown observed warm blanket given to pt[RM.1M]

Electronically signed by Robert Morrison, RN at 5/4/2019 7:33 PM

Attribution Key

UAMS Medical Center
Health Information Management
4301 West Markham, #524
Little Rock, AR 72205
(501) 603-1520

4/14/20

Fuqua Campbell, Pa
Riviera Tower
3700 Cantrell Road
Suite 205
Little Rock, AR, 72202

RE: Request to inspect or copy or obtain copy of health records
Records of: Mr. Carlos Cortez Hall
MRN: 000411229
Date of Birth: [redacted]
Date request received: 4/14/2020

Dear Fuqua Campbell, Pa,

Attached you will find the medical records recently requested from our facility. Please note that UAMS Medical Center does not maintain records for all UAMS programs. UAMS programs that maintain separate records include, but are not limited to:

- 12th Street Health & Wellness Center
- Area Health Education Centers
- Arkansas Children's Hospital
- Center for Distance Health (Angels, UAMS Call Center, AR Saves Stroke Program)
- Dennis Developmental Center
- Family Medical Center prior to 2003
- Kids First Facilities
- Psychiatric Research Institute Child Study Center prior to 2012
- Psychiatric Research Institute Methadone Clinics
- Psychiatric Research Institute Substance Abuse Treatment Clinics
- Psychiatric Research Institute TLC Program
- UALR/UAMS Speech and Hearing Clinic
- UAMS Behavioral Medicine Clinic
- UAMS CARTI
- UAMS Dental Hygiene Clinic
- UAMS Northwest Outpatient Therapy Clinic
- UAMS Radiation Oncology Center (partial record set maintained by program)

If you have questions regarding your request, please contact the Health Information Management Department, Release of Information at (501) 603-1520.

Thank You,
ROI Team

UAMS Medical Center